

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000124666

1. Entity Name  
C & S SCREENING, INC.



Principal Place of Business

133 CARDINAL DR.  
SEBASTIAN, FL 32958

Mailing Address

133 CARDINAL DR.  
SEBASTIAN, FL 32958



01142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
57-1191757

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

REDMOND, CONSTANCE  
133 CARDINAL DR.  
SEBASTIAN, FL 32958

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
HOSEY, SHAWN  
133 CARDINAL DR.  
SEBASTIAN, FL 32958

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
HOOKER, CHAD  
409 MEMORIAL AVE.  
SEBASTIAN, FL 32958

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TD  
HOOKER, WINDELL  
393-B SO. WIMBROW DR.  
SEBASTIAN, FL 32958

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD  
REDMOND, CONSTANCE  
133 CARDINAL DR.  
SEBASTIAN, FL 32958

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

100000284803  
04/02/05-80020-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-05 772-538-4888  
Date Daytime Phone #