

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-12-2004 90015 041 ***150.00

DOCUMENT # P03000138717					
1. Entity Name CUSTOM SCREENS OF CENTRAL FLORIDA, INC.					
Principal Place of Business 7100 ASTRO PLACE WINTER PARK, FL 32759			Mailing Address 7100 ASTRO PLACE WINTER PARK, FL 32759		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 33-1076423			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DIGLIO-BENKIRAN, MICHELE ESQ LAW OFFICE OF MICHELE DIGLIO-BENKIRAN, PA 1999 W COLONIAL DR STE 204 ORLANDO, FL 32804			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME MEREDITH, JASON		☐ Delete		
STREET ADDRESS 7100 ASTRO PLACE	CITY - ST - ZIP WINTER PARK, FL 32759		☐ Change ☐ Addition		
TITLE 	NAME 		☐ Delete		
STREET ADDRESS 	CITY - ST - ZIP 		☐ Change ☒ Addition		
TITLE 	NAME 		☐ Delete		
STREET ADDRESS 	CITY - ST - ZIP 		☐ Change ☐ Addition		
TITLE 	NAME 		☐ Delete		
STREET ADDRESS 	CITY - ST - ZIP 		☐ Change ☐ Addition		
TITLE 	NAME 		☐ Delete		
STREET ADDRESS 	CITY - ST - ZIP 		☐ Change ☐ Addition		
TITLE 	NAME 		☐ Delete		
STREET ADDRESS 	CITY - ST - ZIP 		☐ Change ☐ Addition		
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:			1-09-04 407-657-3759		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

66402745



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