

FILED

Apr 19, 2005 08:00 AM
Secretary of State2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000138717		
1. Entry 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	
DO NOT WRITE IN THIS SPACE		
5. 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		04112005 No Chg-P CR2E034 (10/03) 4. FEI Number 33-1076423 6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required Applied For Not Applicable
8. This 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.		DO NOT WRITE IN THIS SPACE
SIGNATURE _____ Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees 0000000316643 04/19/05-80082-022 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEREDITH, JASON 7100 ASTRO PLACE WINTER PARK, FL 32759	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS MEREDITH, YVETTE 7100 ASTRO PLACE OAK HILL, FL 32759	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 empowers.		
SIGNATURE: <u>Jason Meredith</u> SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		4-15-05 407-509-9717 Date Daytime Phone #