2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90042 044 ***150.00

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1. Entity Name
CUSTOM SCREENS OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
7100 ASTRO PLACE WINTER PARK, FL 32759	7100 ASTRO PLACE WINTER PARK, FL 32759

01112006 Chg-P CR2E034 (11/05)

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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	MEREDITH, JASON	
STREET ADDRESS	7100 ASTRO PLACE	
CITY ST ZIP	WINTER PARK, FL 32759	
TITLE	DTS	☐ Delete
NAME	MEREDITH, YVETTE	
STREET ADDRESS	7100 ASTRO PLACE	
CITY ST ZIP	OAK HILL, FL 32759	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Delete
NAME		
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CITY ST ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: JASON MEREDITH [signature] 1-11-06 407-681-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #