

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000150234

FILED  
Mar 09, 2005  
Secretary of State

Entity Name: THE SCREEN DOCTOR OF SW FLORIDA, INC.

## Current Principal Place of Business:

3524 PAPAI DR  
SARASOTA, FL 342325544

## New Principal Place of Business:

## Current Mailing Address:

3524 PAPAI DR  
SARASOTA, FL 342325544

## New Mailing Address:

FEI Number: 20-0452581

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LANGDON, ALLEN E PHD  
125 FIRST AVE  
NOKOMIS, FL 34275 US

## Name and Address of New Registered Agent:

SAGE, ADAM  
5777 BENEVA ROAD SOUTH  
SARASOTA, FL 34233 US

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.

SIGNATURE: ADAM SAGE

03/09/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: SANDERS, LARRY W  
Address: 3524 PAPAI DR  
City-St-Zip: SARASOTA, FL 34232

Title: VD ( ) Delete  
Name: BEAN, DARREN K  
Address: 2934 NEW ENGLAND STREET  
City-St-Zip: SARASOTA, FL 34231

Title: VD ( ) Delete  
Name: ROUTA, CHRISTOPHER  
Address: 3123 BALDWIN AVENUE  
City-St-Zip: SARASOTA, FL 34232

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY W. SANDERS

PRES

03/09/2005

Electronic Signature of Signing Officer or Director

Date