

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90233 043 ***150.00

DOCUMENT # P03000152554					
1. Entity Name PATRIOT SCREENS, INC.					
Principal Place of Business 8327 CLARA DR ZEPHYRHILLS, FL 33540 US			Mailing Address P.O. BOX 693 ZEPHYRHILLS, FL 33539 US		
2. Principal Place of Business 4206 Coats Rd		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Zephyrhills FL		City & State		4. FEI Number 20-0505513	
Zip 33541		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRIST, CURTIS 8327 CLARA DR. ZEPHYRHILLS, FL 33540			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4206 Coats Rd City FL Zip Code 33541		
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: <u>Curtis A. Crist</u> 4-15-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME CRIST, CURTIS STREET ADDRESS 8327 CLARA DR. CITY-ST-ZIP ZEPHYRHILLS, FL 33540	<input type="checkbox"/> Delete		TITLE NAME 4206 Coats Rd STREET ADDRESS Zephyrhills, FL 33541 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE V NAME Melissa Crist STREET ADDRESS 4206 Coats Rd CITY-ST-ZIP Zephyrhills FL 33541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Curtis A. Crist</u>			4-15-05 813-788-4651		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		