


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90304 029 ***150.00

DOCUMENT # P04000011196					
1. Entity Name ADIRONDACK SCREENING, INC.					
Principal Place of Business 482 SW VOLTAIR TERR PORT ST LUCIE, FL 34984			Mailing Address 482 SW VOLTAIR TERR PORT ST LUCIE, FL 34984		
2. Principal Place of Business 5475 S.W. St. James Dr. Suite, Apt. #, etc. Suite 141		3. Mailing Address 5475 S.W. St. James Dr. Suite, Apt. #, etc. Suite 141		04202005 Chg-P CR2E034 (10/03)	
City & State Port St. Lucie, FL		City & State Port St. Lucie, FL		4. FEI Number 54-2142070	
Zip 34983		Country St. Lucie		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARCOTTE, PAUL T 482 SW VOLTAIR TERR PORT ST LUCIE, FL 34984			7. Name and Address of New Registered Agent Name same Street Address (P.O. Box Number is Not Acceptable) 1298 B S.W. Biltmore St. City Port St. Lucie FL Zip Code 34983		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 NAME STREET ADDRESS CITY-ST-ZIP	P MARCOTTE, PAUL T 482 SW VOLTAIR TERR PORT ST LUCIE, FL 34984	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Paul T. Marcotte 5475 S.W. St. James Dr., Ste. 141 Port St. Lucie, FL 34983	<input checked="" 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
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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: _____			4-22-05 (772) 4580		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		