


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	
City & State Port St. Lucie, FL		City & State Port St. Lucie, FL	
Zip 34983	Country St. Lucie	Zip 34983	Country St. Lucie
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 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
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4-22-05 (772) 4586 Daytime Phone #	