2008 FOR PROFIT CORPORATION

Secretary of State **ANNUAL REPORT** 02-21-2008 90032 031 ***150.00 DOCUMENT # P04000011196 ADIRONDACK SCREENING, INC. 40022120 Principal Place of Business Mailing Address 5475 SW ST JAMES DR, STE 141 5475 SW ST JAMES DR, STE 141 PORT SAINT LUCIE, FL 34983 PORT SAINT LUCIE, FL 34983 2. Principal Place of Business No P.O. Box # 1298 12 SN BITTMORE ST. 3. Mailing Address izab aa sn biltmoke st Suite, Apt. #, etc Suite, Apt. #, etc. CR2E034 (12/06) 02162008 Chg-P City & State 4 FEI Number Applied For PORT SAINT LUCIE, FL PORT SAINT LUCIE, FL 54-2142070 Not Applicable \$8.75 Additional 34983 שחבם הנחצל 5. Certificate of Status Desired unted states 34983 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARCOTTE PAUL 1. Street Address (P.O. Box Number is Not Acceptable) MARCOTTE, PAUL T 5475 SW ST JAMES DR, STE 141 PORT SAINT LUCIE, FL 34983 1298 A2 SW BILTMORE city Port Saint Lucie **34483** FL 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 region PAULT MARCOTTE 2-18-08 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. T, D TITLE Change ☐ Addition Defere TITLE MARCOTTE PAULIT NAME MARCOTTE, PAUL T NAME 1298 AZ SN BILTMORE ST PORT SAINT LUCIE, FL 34943 STREET ADDRESS 5475 SW ST JAMES DR, STE 141 STREET ADDRESS PORT SAINT LUCIE, FL 34983 CITY-ST-ZIP CITY-ST-ZIP VΡ TITLE ☐ Change Addition Delete TITLE MARTZ, KEVIN L NAME NAME STREET ADDRESS 7934 STEEPLECHASE COURT STREET ADDRESS CITY-ST-ZIP PORT ST LUCIE, FL 34986 CITY-ST-ZIP TITLE Addition Delete TITLE ☐ Change NAME MARTZ, TAMARA G NAME STREET ADDRESS 7934 STEEPLECHASE COURT STREET ADDRESS CITY-ST-ZIP PORT ST LUCIE, FL 34986 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition ROSS. KICHARD'T ROSS, RICHARD J NAME NAME 1782 SW BRISBANE ST STREET ADDRESS 257 SW CHERRYHILL RD STREET ADDRESS poet saint whie, fl 34984 CITY-ST-ZIP PORT ST LUCIE, FL 34953 CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change T Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

PAIL T MARCOTTE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

2-18-08

772 340,2270

Daytime Phone #

FILED Feb 21, 2008 8:00 am