


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90081 014 ***558.75

DOCUMENT # P04000020916 1. Entity Name SCREEN CREW, INC.			
Principal Place of Business 161 AUDUBON CT. WINTER HAVEN FL 33884		Mailing Address 161 AUDUBON CT. WINTER HAVEN FL 33884	
2. Principal Place of Business 1900 Executive Rd Suite, Apt. #, etc. Bldg 5 - #6 City & State Winter Haven, FL Zip 33884	3. Mailing Address 1900 Executive Rd Suite, Apt. #, etc. Bldg 5 #6 City & State Winter Haven, FL Zip 33884	Country Polk	
4. FEI Number 20-0713912		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEASLEY, CHARLES E 161 AUDUBON CT. WINTER HAVEN FL 33884		7. Name and Address of New Registered Agent Name Beasley, Charles E. Street Address (P.O. Box Number is Not Acceptable) 1900 Executive Rd Bldg 5 #6 City Winter Haven FL Zip Code 33884	
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 Charles E. Beasley <small>Signature, typed or printed name of registered agent and title if applicable</small>		6/28/05 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEASLEY, CHARLES E 161 AUDUBON CT. WINTER HAVEN FL 33884 <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	VP REYNOLDS, NICHOLAS A 955 7TH ST. NW WINTER HAVEN FL 33880 <input checked="" type="checkbox"/> Delete DECEASED	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA HEATH, HAROLD D 129 PALM DR. WINTER HAVEN FL 33881 <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
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: **Charles E. Beasley** **6/28/05** **(863) 324-4759**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #