

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000023122

1. Entity Name
SCREEN PROS OF ORLANDO, INC.



Principal Place of Business
171 W. GROSSENBACHER DRIVE
APOPKA, FL 32712

Mailing Address
171 W. GROSSENBACHER DRIVE
APOPKA, FL 32712

DO NOT WRITE IN THIS SPACE



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 54-2141231	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MELTON, KEITH R
171 W. GROSSENBACHER DRIVE
APOPKA, FL 32712

**DO NOT WRITE
IN THIS SPACE**

6. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MELTON, KEITH
STREET ADDRESS	171 W. GROSSENBACHER DRIVE
CITY - ST - ZIP	APOPKA, FL 32712

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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STREET ADDRESS	
CITY - ST - ZIP	

U00000564066
05/20/06-80042-012 8.75

U00000564066
05/20/06-80042-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Keith R Melton **Keith R MELTON** 4-27-06