


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000129792</b> 1. Entity Name SCREEN TEK BY C.S., INC.		
Principal Place of Business 1145 DARNABY WAY ORLANDO, FL 32824	Mailing Address 1145 DARNABY WAY ORLANDO, FL 32824	
DO NOT WRITE IN THIS SPACE		
<b>6. Name and Address of Current Registered Agent</b>  CORTES, NORALBA 1145 DARNABY WAY ORLANDO, FL 32824		<b>DO NOT WRITE IN THIS SPACE</b>
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE: <i>Noralba Cortes</i>  <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 40%; text-align: right;"> <i>1-7-06</i>  <small>DATE</small> </div> </div>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE	P	DO NOT WRITE IN THIS SPACE
NAME	CORTES, NORALBA	
STREET ADDRESS	1145 DARNABY WAY	
CITY - ST - ZIP	ORLANDO, FL 32824	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
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TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
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: <i>Noralba Cortes</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>1-7-06</i> <small>Date</small>



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-1848746

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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01/11/06-80072-023 150.00