


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90039 007 ***150.00

DOCUMENT # P04000150249					
1. Entity Name SCREENS N' CAGES INC.					
Principal Place of Business 2114 S.W. 50TH LANE CAPE CORAL, FL 33914 US			Mailing Address 2114 S.W. 50TH LANE CAPE CORAL, FL 33914 US		
2. Principal Place of Business - No P.O. Box # 2619 SW 39TH TERR.		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc. CAP		Suite, Apt. #, etc.			
City & State CAPE CORAL FL		City & State		4. FEI Number 75-3175114	
Zip 33914		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOLF, AJ 2114 S.W. 50TH LANE CAPE CORAL, FL 33914			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u>AARON J WOLF</u> DATE <u>4/10/08</u> <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, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME WOLF, AJ STREET ADDRESS 2114 S.W. 50TH LANE CITY-ST-ZIP CAPE CORAL, FL 33914	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME WOLF, AARON STREET ADDRESS 2619 SW 39TH TERR CITY-ST-ZIP CAPE CORAL, FL 33914	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>AARON J WOLF</u>			DATE <u>4/10/08</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		