

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000164065 Entity Name AFFORDABLE & CUSTOM SCREENING, INC.					
Principal Place of Business 3200 SHAWNEE AVENUE SUITE 1 WEST PALM BEACH FL 33409			Mailing Address 3200 SHAWNEE AVENUE SUITE 1 WEST PALM BEACH FL 33409		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FCI Number 20-1994470			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
5. Name and Address of Current Registered Agent ARNDT, MICHELE D 3200 SHAWNEE AVENUE SUITE 1 WEST PALM BEACH FL 33409				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when restoring) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ARNDT, MICHELE D 3200 SHAWNEE AVENUE SUITE 1 WEST PALM BEACH FL 33409	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	0000010452270 03/11/06-80019-020 150.00 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ALEXANDER, BRUCE D. 3200 SHAWNEE AVENUE SUITE 1 WEST PALM BEACH FL 33409	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Michele Arndt</i>			Date: <i>2/22/06</i> <i>561-684-2333</i>		