

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 FEB 18 PM 1:44

DOCUMENT # P04000164065

1. 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



01282008 No Chg-P CR2E034 (11/05)

4. FEI Number

20-1994470

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

ARNDT, MICHELE D  
3200 SHAWNEE AVENUE SUITE 1  
WEST PALM BEACH, FL 33409  
*17041 70th St, N  
Loxahatchee, FL  
33470*

**DO NOT WRITE  
IN THIS SPACE**

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

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, 2008 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	ARNDT, MICHELE D
STREET ADDRESS	3200 SHAWNEE AVENUE SUITE 1
CITY - ST - ZIP	WEST PALM BEACH, FL 33409
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

*17041 70th St, N  
Loxahatchee, FL  
33470*

*B 2/19/08*

400116769194  
02/04/08--01003--005 \*\*300.00

**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 #

*2/13/08* *561-615-8885*