


2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90076 028 ***158.75

DOCUMENT # P04000166971		
1. Entity Name ALL AMERICAN CENTRAL FLORIDA SCREENS, INC.		

Principal Place of Business 1926 HARRELL ROAD ORLANDO, FL 32817	Mailing Address 1926 HARRELL ROAD ORLANDO, FL 32817
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
04102006 Chg-P	CR2E034 (11/05)
4. FEI Number 20-1993051	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
HENDERSON, JONATHAN 1926 HARRELL ROAD ORLANDO, FL 32817	

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>Jonathan Henderson</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>4-10-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	HENDERSON, JONATHAN
STREET ADDRESS	1926 HARRELL ROAD
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	HENDERSON, CHAD
STREET ADDRESS	1926 HARRELL ROAD
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	S <input type="checkbox"/> Delete
NAME	HENDERSON, JONATHAN
STREET ADDRESS	1926 HARRELL ROAD
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Erin Henderson
STREET ADDRESS	1926 Harrell Rd.
CITY-ST-ZIP	Orlando, FL 32817
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.	
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SIGNATURE: <u>Jonathan Henderson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>4-10-06</u>	DAYTIME PHONE # <u>407-310-5644</u>
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40046823
~~#P04000168971~~

Company: All American Central Florida Screens, Incorporated
1926 Harrell Road
Orlando, Florida 32817
407-207-1960

Date: October 21, 2005

President: Jonathan C. Henderson as shareholder of 90%
Vice President: Chad W. Henderson as shareholder of 10%

Reason for shareholders meeting: Change of officers, shareholders and dissolution of shareholder.

Persons acknowledged at this meeting, include current officers and shareholders. Also included are new officer or officers. Which are all to be listed below.

Name	Title
Jonathan Henderson	President
Chad Henderson	Vice President (Current)
Erin Henderson	Vice President (New)

ATTACHMENT

40046823
#P82/080166971

Minutes of the meeting:

Chad Henderson will no longer be Vice President of AACPS. Erin Henderson will be the new Vice President of AACPS. Also, Chad's shares will be given to Erin, therefore, Chad will be fully removed from AACPS.

ATTACHMENT

40046823
#704000166977

I, Jonathan Henderson understand and agree to this
Print Name
meeting of the minutes and the changes set forth on this 21 day of
October, 2005

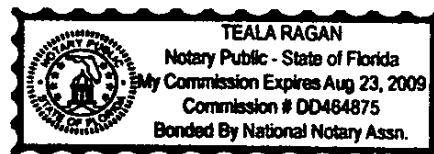
[Signature]
Signature

The foregoing instrument was acknowledged before me this 31 day of
October, 2005 Jonathan Henderson who is
personally known to me or who has produced _____
as identification and who did not take oath.

State of Florida

County of Seminole

Teala Ragan
Notary Public, Orange County, Florida



ATTACHMENT

40046823
#70400016697

I, Erin Henderson understand and agree to this
Print Name

meeting of the minutes and the changes set forth on this 21 day of
October, 2005

[Signature]
Signature

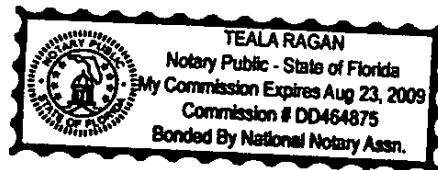
The foregoing instrument was acknowledged before me this 21 day of
October, 2005 Erin Henderson who is
personally known to me or who has produced _____

as identification and who did not take oath.

State of Florida

County of Seminole

Teala Ragan
Notary Public, Orange County, Florida



ATTACHMENT

40046823

#P04080166971

I, Chad Henderson understand and agree to this
Print Name

meeting of the minutes and the changes set forth on this 21 day of
October, 2005

Chad Henderson
Signature

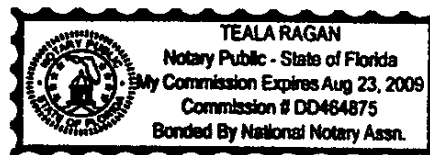
The foregoing instrument was acknowledged before me this 21 day of
October, 2005 Chad Henderson who is

personally known to me or who has produced _____

as identification and who did not take oath.

State of Florida

County of Seminole



Teala Ragan
Notary Public, Orange County, Florida