


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90022 026 \*\*\*150.00

**DOCUMENT # P05000042855**

1. Entity Name  
**THE SCREEN MECHANICS, INC.**



Principal Place of Business  
**3013 CALLOWAY DR.  
ORLANDO FL 32810**

Mailing Address  
**3013 CALLOWAY DR.  
ORLANDO FL 32810**



2. Principal Place of Business  
**3013 CALLOWAY DR**

Suite, Apt. #, etc.

3. Mailing Address  
**3013 CALLOWAY DR**

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State  
**ORLANDO FL**

Zip  
**32810**

Country

City & State  
**ORLANDO FL**

Zip  
**32810**

Country

4. EEI Number  
**20-2536233**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**SMALL BUSINESS RESOURCES USA, INC.  
773 S. KIRKMAN RD.  
SUITE 118  
ORLANDO FL 32811**

7. Name and Address of New Registered Agent  
Name  
**Joseph R. ROTHENBURG JR**  
Street Address (P.O. Box Number is Not Acceptable)  
**1902 B Tropic St.**  
City  
**TITUSVILLE** FL Zip Code  
**32796**

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 Joseph R. Rothenburg Jr. S. VP DATE 2-15-2006  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KANKOWSKI, WALTER J JR. 3013 CALLOWAY DR. ORLANDO FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ROTHENBURG, JOSEPH JR 3013 CALLOWAY DR. ORLANDO FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Joseph R. Rothenburg Jr. DATE 2-15-2006 DAYTIME PHONE # 407-761-4258  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR