

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90036 015 ***158.75

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|--|--|---------------------------|---|--|------------------------|--|
| 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 - No P.O. Box # | | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | |
| City & State | | City & State | | 4. FEI Number 20-2536233 | | |
| Zip | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | |
| ROTHENBURG, JR, JOSEPH R 1902 B TROPIC ST TITUSVILLE FL 32796 | | | | Name <u>ROTHENBURG, JR, JOSEPH R.</u> Street Address (P.O. Box Number is Not Acceptable) <u>2909 CORRELL CIRCLE</u> City <u>MIMS</u> FL Zip Code <u>32754</u> | | |
| 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>Joseph R. Rothenburg Jr. V.P. / Sec.</u> DATE _____ <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, 2007 Fee Will Be \$550.00. Make Check Payable to Florida Department of State | | | | 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 PT | NAME KANKOWSKI, WALTER J JR. | | <input type="checkbox"/> Delete | TITLE | NAME | |
| STREET ADDRESS 3013 CALLOWAY DR. | CITY - ST - ZIP ORLANDO FL 32810 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | CITY - ST - ZIP | |
| TITLE VPS | NAME ROTHENBURG, JOSEPH JR | | <input type="checkbox"/> Delete | TITLE | NAME | |
| STREET ADDRESS 3013 CALLOWAY DR. | CITY - ST - ZIP ORLANDO FL 32810 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | CITY - ST - ZIP | |
| TITLE | NAME | | <input type="checkbox"/> Delete | TITLE | NAME | |
| STREET ADDRESS | CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | CITY - ST - ZIP | |
| TITLE | NAME | | <input type="checkbox"/> Delete | TITLE | NAME | |
| STREET ADDRESS | CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | CITY - ST - ZIP | |
| TITLE | NAME | | <input type="checkbox"/> Delete | TITLE | NAME | |
| STREET ADDRESS | CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | CITY - ST - ZIP | |
| 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: <u>Joseph R. Rothenburg Jr. Vice President/Secretary</u> 3/3/7 407 761 4258 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | | |