

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000047838

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: EVERLAST SCREEN ENCLOSURES INC.

**Current Principal Place of Business:**

1599 SW DYER POINT ROAD  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**  
PO BOX 471  
PALM CITY, FL 34991

**New Mailing Address:**

FEI Number: 20-4639890      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

AMICI, LANCE A JR  
1599 S.W. DYER POINT ROAD  
PALM CITY, FL 34990 US

**Name and Address of New Registered Agent:**

AMICI, LANCE A  
1599 S.W. DYER POINT ROAD  
PALM CITY, FL 34990 US

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.

SIGNATURE: LANCE A AMICI

04/09/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: AMICI, LOUIS JR.  
Address: 340 SE ROGERS COURT  
City-St-Zip: STUART, FL 34994

Title: DV ( ) Delete  
Name: SHINNICK, BLAKE  
Address: 1599 SW DYER POINT RD.  
City-St-Zip: PALM CITY, FL 34990

Title: DS ( ) Delete  
Name: AMICI, TOREY  
Address: 340 SE ROGERS COURT  
City-St-Zip: STUART, FL 34994

Title: DT ( ) Delete  
Name: RINTEL, DAVID  
Address: 1599 SW DYER POINT RD.  
City-St-Zip: PALM CITY, FL 34990

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: AMICI, LOUIS A JR.  
Address: 750 NW 10TH TERRACE  
City-St-Zip: STUART, FL 34994

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: AMICI, TOREY  
Address: 750 NW 10TH TERRACE  
City-St-Zip: STUART, FL 34990

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS A AMICI JR

PRES

04/09/2009

Electronic Signature of Signing Officer or Director

Date