

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90052 031 ***150.00

DOCUMENT # P06000120388	
1. Entity Name SCREEN MEISTERS INC.	



Principal Place of Business 44 NW 4TH STREET WILLISTON, FL 32696	Mailing Address 44 NW 4TH STREET WILLISTON, FL 32696
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40050000

2. Principal Place of Business - No P.O. Box # 4851 NE 155TH ST	3. Mailing Address 4851 NE 155TH ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04282007 Chg-P CR2E034 (12/06)

City & State Williston FL	City & State Williston FL
Zip 32696	Zip 32696
Country USA	Country USA

4. FEI Number 20-5594324	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
ADKINS, DONALD L 44 NW 4TH STREET WILLISTON, FL 32696	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 4851 NE 155TH ST	
City Williston	FL Zip Code 32696

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 <i>Donald Adkins</i> Signature, typed or printed name of registered agent and title if applicable.	DATE 4/28/07 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST ADKINS, DONALD L 44 NW 4TH STREET WILLISTON, FL 32696 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ADKINS, DONALD L <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4851 NE 155TH ST Williston FL 32696
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ADKINS, DONALD L 44 NW 4TH STREET WILLISTON, FL 32696 <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 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: <i>Donald Adkins</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 4/28/07 DAYTIME PHONE: 352-438-4427