

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000141133

FILED
Jan 26, 2007
Secretary of State

Entity Name: CENTRAL FLORIDA SCREEN ROOM & WINDOW MEDICS INC.

Current Principal Place of Business:

3381 NE 42ND PL
OCALA, FL 34479 US

New Principal Place of Business:

Current Mailing Address:

3381 NE 42ND PL
OCALA, FL 34479 US

New Mailing Address:

PO BOX 1833
SILVER SPRINGS, FL 34489 US

FEI Number: 13-4348078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEATH, DAVID G
3381 NE 42ND PL
OCALA, FL 34479 US

Name and Address of New Registered Agent:

HEATH, DAVID G
5601 SE 3RD. ST.
OCALA, FL 34471 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:

01/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: HEATH, DAVID G
Address: 3381 NE 42ND PL
City-St-Zip: OCALA, FL 34479 US

Title: VP/T () Delete
Name: HEATH, SUSAN J
Address: 3381 NE 42ND PL
City-St-Zip: OCALA, FL 34479 US

Title: S (X) Delete
Name: HEATH, COLDEN G
Address: 3381 NE 42ND PL
City-St-Zip: OCALA, FL 34479 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: HEATH, DAVID G
Address: 5601 SE 3RD ST.
City-St-Zip: OCALA, FL 34471 US

Title: VST (X) Change () Addition
Name: HEATH, SUSAN J
Address: 3381 NE 42ND PL
City-St-Zip: OCALA, FL 34479 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN J. HEATH

VST

01/26/2007

Electronic Signature of Signing Officer or Director

Date