2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# P06000141133

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:

3381 NE 42ND PLACE
OCALA, FL 34479 US

Current Mailing Address:

PO BOX 1833
SILVER SPRINGS, FL 34489 US

New Mailing Address:

FEI Number: 13-4348078 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEATH, SUSAN J
3381 NE 42ND PL
OCALA, FL 34479 US

Name and Address of New Registered Agent:

ALL FLORIDA FIRM, INC
813 DELTONA BLVD STE A
BOX 1391021
DELTONA, FL 32725 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: PAMELA SMITH FOR ALL FLORIDA FIRM, INC 02/19/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

Title: VP ( ) Delete
Name: HOMBERGER, WALTER T
Address: 3601 SW 54TH CT.
City-St-Zip: OCALA, FL 34474

Title: P (X) Delete
Name: HEALTH, DAVID
Address: P.O. BOX 1833
City-St-Zip: SILVER SPRINGS, FL 34489

Title: VP (X) Delete
Name: HEALTH, SUSAN
Address: P.O. BOX 1833
City-St-Zip: SILVER SPRINGS, FL 34489

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HEATH, DAVID
Address: 3381 NE 42ND PLACE
City-St-Zip: OCALA, FL 34480 US

Title: S (X) Change ( ) Addition
Name: HEATH, SUSAN J
Address: 3381 NE 42ND PLACE
City-St-Zip: OCALA, FL 34480 US

Title: VP (X) Change ( ) Addition
Name: HOMBERGER, WALTER T
Address: 3601 SW 54TH CT
City-St-Zip: OCALA, FL 34474

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

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: PAMELA SMITH FOR DAVID HEATH P 02/19/2009
Electronic Signature of Signing Officer or Director Date