

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000082805

FILED  
Apr 27, 2012  
Secretary of State

**Entity Name:** SUN COAST SCREEN REPAIR, INC

**Current Principal Place of Business:**

617 109TH AVE N  
NAPLES, FL 34108 US

**New Principal Place of Business:**

617 109TH AVE N  
34108  
NAPLES, FL 34108 US

**Current Mailing Address:**

9420 FOUNTAIN MEDICAL CT. 101  
BONITA SPRINGS, FL 34135 US

**New Mailing Address:**

**FEI Number:** 20-4416549      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WELLS, CHARLES  
617 109TH AVE N  
NAPLES, FL 34108 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WELLS, CHARLES  
Address: 617 109TH AVE N  
City-St-Zip: NAPLES, FL 34108 US

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Address: 617 109TH AVE N  
City-St-Zip: NAPLES, FL 34108 US

I hereby 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 all other like empowered.

SIGNATURE: CHARLES WELLS

P

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date