

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90064 037 ***150.00

DOCUMENT # P92000013655

1. Entity Name

DISCOUNT SCREEN COMPANY, INC.



Principal Place of Business
**1911 S. PALM AVENUE
MIRAMAR FL 33025**

Mailing Address
**1911 S. PALM AVENUE
MIRAMAR FL 33025**

10010004



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0385243

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CENTOFANTI, ROBERT
18311 N.W. 8 ST.
PEMBROKE PINES FL 33029**

Name
ROBERT CENTOFANTI
Street Address (P.O. Box Number is Not Acceptable)
17110 S.W. 64 CT.

City
SOUTHWEST RANCHES FL Zip Code
33331

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P ☐ Delete
CENTOFANTI, ROBERT
18311 N.W. 8TH ST
PEMBROKE PINES FL 33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P ☒ Change ☐ Addition
ROBERT CENTOFANTI
17110 SW 64 CT.
SOUTHWEST RANCHES, FL. 33331

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP ☐ Delete
CENTOFANTI, LISA J
18311 N.W. 8 ST.
PEMBROKE PINES FL 33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP, LISA J. CENTOFANTI ☒ Change ☐ Addition
17110 S.W. 64 CT.
SOUTHWEST RANCHES, FL. 33331

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT CENTOFANTI

1-24-05

(954) 437-6667

Date

Daytime Phone #