

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90075 010 \*\*\*150.00

**DOCUMENT # P95000015261**

1. Entity Name

SCREENMASTERS OF SARASOTA, INC.



Principal Place of Business

2341 PORTER LAKE DR  
#202  
SARASOTA FL 34240

Mailing Address

2341 PORTER LAKE DR  
#202  
SARASOTA FL 34240

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0556412

Applied For

Not Applicable

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

DEROCHER, LEON W  
1057 WILLIS AVE  
SARASOTA FL 34232

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 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

TITLE PV ☐ Delete  
NAME DEROCHER, LEON W  
STREET ADDRESS 1057 WILLIS AVE  
CITY-ST-ZIP SARASOTA FL 34232

TITLE V ☐ Delete  
NAME DEROCHER, MATTHEW L  
STREET ADDRESS 5440 D'ORSAY ST  
CITY-ST-ZIP SARASOTA FL

TITLE S ☐ Delete  
NAME DEROCHER, PATRICIA R  
STREET ADDRESS 1057 WILLIS AVE  
CITY-ST-ZIP SARASOTA FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PV ☐ Change ☐ Addition  
NAME Derocher, Leon W.  
STREET ADDRESS 4840 Sweet Shade Dr.  
CITY-ST-ZIP Sarasota, FL 34241

TITLE V ☐ Change ☐ Addition  
NAME Derocher, Matthew L.  
STREET ADDRESS 13998 Parkstone Way  
CITY-ST-ZIP

TITLE S ☐ Change ☐ Addition  
NAME Derocher, Patrice R.  
STREET ADDRESS 4840 Sweet Shade Dr.  
CITY-ST-ZIP Sarasota, FL 34241

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/06

Date

941-371-5778

Daytime Phone #