2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 27, 2007 8:00 am **Secretary of State**

07-27-2007 90010 001 ***150.00

DOCUMENT # P95000015261 07-27-2007 90010 002 *****8.75 1. Entity Name SCREENMASTERS OF SARASOTA, INC. Principal Place of Business Mailing Address 2341 PORTER LAKE DR 2341 PORTER LAKE DR 66020632 #202 #202 SARASOTA, FL 34240 SARASOTA, FL 34240 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07162007 CR2E034 (12/06) City & State Applied For City & State 4. FEI Number 65-0556412 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEROCHER, LEON W 1057 WILLIS AVE Street Address (P.O. Box Number is Not Acceptable) SARASOTA, FL 34232 City 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 SIGNATURE Signature, typed or or ited harmy of registered agent and title it applicable (401): Registered Agent signature required when reinstatings DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees Due by September 14, 2007 corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change Addition DEROCHER, LEON W NAME NAME 1057 Willis Ave. 4840 SWEET SHADE DR. STREET ADDRESS STREET ADDRESS CITY ST-ZIP SARASOTA, FL 34241 CITY ST ZIP FL 34232 Sarasota, TITLE ☐ Defete TITLE Change Addition DEROCHER, MATTHEW L NAME NAME STREET ADDRESS 13998 PARKSTONE WAY STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34240 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME DEROCHER, PATRICIA R NAME 1057 WILLIS AVE. STREET ADDRESS 4840 SWEET SHADE DR. STREET ADDRESS CITY - ST - ZIP SARASOTA, FL 34241 34232 CITY ST ZIP Sarasota, FL TITLE ☐ Delete ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST ZIP TITLE ☐ Delete TITLE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADORESS CITY ST-ZIP CITY ST-ZIP Delete TITLE THTLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.

Jowelin Leon W. Derocher SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

241-371-5708 07/25/07