

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000079459

1. Entity Name
SCREEN DOCTOR, INC.



Principal Place of Business
157 S. HAMPTON DRIVE
JUPITER, FL 33458

Mailing Address
157 S. HAMPTON DRIVE
JUPITER, FL 33458



04262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3353569

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DALBERRI, LOUISA
157 SOUTH HAMPTON DR.
JUPITER, FL 33458

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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**

9. Election Campaign Financing
Trust Fund Contribution, ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME DALBERRI, LOUISA
STREET ADDRESS 157 SOUTH HAMPTON DRIVE
CITY-ST-ZIP JUPITER, FL 33458

TITLE V
NAME DALBERRI, GREGORY F
STREET ADDRESS 118 BANYAN CIRCLE
CITY-ST-ZIP JUPITER, FL 33458

TITLE V
NAME DALBERRI, BENJAMIN R
STREET ADDRESS 157 SOUTH HAMPTON DRIVE
CITY-ST-ZIP JUPITER, FL 33458

TITLE ST
NAME DALBERRI, RACHEL
STREET ADDRESS 157 SOUTH HAMPTON DRIVE
CITY-ST-ZIP JUPITER, FL 33458

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100000538928
05/03/06-80080-010 150.00

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12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: Louisa Dalberr DALBERRI 4/26/06 561-747-1229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #