

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90026 036 ***150.00

DOCUMENT # P96000006285

1. Entity Name

THE SCREEN DEPOT, INC.



Principal Place of Business

201 SE 10TH AVENUE
BOYNTON BEACH FL 33435
US

Mailing Address

201 SE 10TH AVENUE
BOYNTON BEACH FL 33435
US

2. Principal Place of Business

3. Mailing Address

5380 Winchester woods drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKE WORTH, FL.

Zip

Country

Zip

Country

33463

Palm Beach



MOORE

CR2E034 (11/03)

4. FEI Number

65-0640353

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

MILLER, KENNETH
5380 WINCHESTER WOODS DRIVE
LAKE WORTH FL 33463

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

Kenneth R. Miller President

2/22/04

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, 2004 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	D MILLER, KENNETH 5380 WINCHESTER WOODS DR. LAKE WORTH FL 33463	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLER, TAMMY 5380 WINCHESTER WOODS DR. LAKE WORTH FL 33463	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM LEGGETT, LARRT 306 N.E. 1ST AVE BOYNTON BEACH FL 33435	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: *Kenneth R. Miller President* 2/22/04 561-754-067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #