

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90027 010 ***158.75

DOCUMENT # P97000105014

1. Entity Name

SURFSIDE ALUMINIUM & SCREENS, INC.



Principal Place of Business

**1413 SOUTHWEST BILTMORE STREET
PORT SAINT LUCIE FL 34983**

Mailing Address

**265 SOUTHWEST PORT ST. LUCIE BLVD. #1
PORT SAINT LUCIE FL 34984**

64066332

2. Principal Place of Business

1407 SW BILTMORE ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ST LUCIE

City & State

Zip

34983

Country

ST LUCIE

Zip

Country

4. FEI Number

65-0802781

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NAGLE, DENNIS A
1413 SOUTHWEST BILTMORE STREET
PORT SAINT LUCIE FL 34983**

7. Name and Address of New Registered Agent

Name

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

1407 SW BILTMORE STREET

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
NAGLE, DENNIS A
265 SOUTHWEST PORT ST. LUCIE BLVD. #119
PORT SAINT LUCIE FL 34984 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
NAGLE, DENNIS C
265 SW PORT ST LUCIE BLVD # 119
PORT SAINT LUCIE FL 34984 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
NAGLE, ANNE-E
265 SW PORT ST LUCIE BLVD # 119
PORT SAINT LUCIE FL 34984 ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

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☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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

Date

772 871-0180

Daytime Phone #