


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90147 031 ***150.00

DOCUMENT # P97000105014	
1. Entity Name SURFSIDE ALUMINIUM & SCREENS, INC.	

Principal Place of Business 1407 SW BILTMORE ST. PORT SAINT LUCIE FL 34983	Mailing Address 265 SOUTHWEST PORT ST. LUCIE BLVD. #1 PORT SAINT LUCIE FL 34984
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2. Principal Place of Business 621 SW BILTMORE ST	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number 65-0802781	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NAGLE, DENNIS A 1407 SW BILTMORE STREET 621 SW BILTMORE ST PORT SAINT LUCIE FL 34983	
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7. Name and Address of New Registered Agent	
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD NAGLE, DENNIS A 265 SOUTHWEST PORT ST. LUCIE BLVD. #119 PORT SAINT LUCIE FL 34984 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NAGLE, DENNIS C 265 SW PORT ST LUCIE BLVD # 119 PORT SAINT LUCIE FL 34984 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NAGLE, ANNE E 265 SW PORT ST LUCIE BLVD # 119 PORT SAINT LUCIE FL 34984 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE:  **3/23/06 772 871 0180**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #