


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000012562**

1. Entity Name  
**CHICK'S SCREEN PRINTING, INC.**



Principal Place of Business <b>1511 SEMINOLA BLVD #1061 CASSELBERRY, FL 32707</b>	Mailing Address <b>1511 SEMINOLA BLVD #1061 CASSELBERRY, FL 32707</b>
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02282005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3494720</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MCKAIG, CHARLES D  
1334 MARIPOSA CT  
WINTER SPGS, FL 32708**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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	DS MCKAIG, ELLEN T 1334 MARIPOSA CT WINTER SPGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCKAIG, CHARLES D 1334 MARIPOSA CT WINTER SPGS, FL 32708
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02282005-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Charles D. Mckaig **Charles D. Mckaig President** 2/28/05 407-695-2955  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #