

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000038123

1. Entity Name

COMPLETE SCREENING, INC.



Principal Place of Business

1207 WEST CROOKED LAKE PL
 EUSTIS FL 32726

Mailing Address

1207 WEST CROOKED LAKE PL
 EUSTIS FL 32726

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt. #. etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0841155

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

TEPPS, JEROME L
 3411 POWERLINE ROAD
 SUITE 701
 FORT LAUDERDALE FL 33309

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

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, 2005 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 P Delete
 NAME RIZZO, JOSEPH
 STREET ADDRESS 1207 WEST CROOKED LAKE PLACE
 CITY- ST- ZIP EUSTIS FL 32726

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY- ST- ZIP
 U000000281259
 03/30/05-80052-019 150.00

TITLE T Delete
 NAME RIZZO, TINA M
 STREET ADDRESS 1207 WEST CROOKED LAKE PLACE
 CITY- ST- ZIP EUSTIS FL 32726

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

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

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: Joseph Rizzo

3/25/05

322-589-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #