


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2004 90475 033 ***150.00

DOCUMENT # P98000106813 1. Entity Name BEACH SCREEN & WINDOW, INC.					
Principal Place of Business 794 ST CLAIR ST STE B MELBOURNE, FL 32935			Mailing Address 1413 SO. PATRICK DRIVE #7 INDIAN HARBOUR, FL 32937		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3549099	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PERSON, DOUGLASS A CPA PA 1413 SO. PATRICK DRIVE SUITE 7 INDIAN HARBOUR, FL 32937				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 re-saving) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 HART, DONALD A 215 CAROLE CT. SATELLITE BEACH, FL 32937	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D HART, GEORGE J 474 TEMPLE STREET SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Delete			
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: <u>Donald A Hart</u> 4-23-04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					