

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000030612



1. Entity Name

PHIL'S SCREEN SERVICE, INC.

Principal Place of Business

6239 NEWMARK ST
ATTN: PHILLIP BARONE, JR.
SPRING HILL FL 34606

Mailing Address

6239 NEWMARK ST
ATTN: PHILLIP BARONE, JR.
SPRING HILL FL 34606



2. Principal Place of Business - No P.O. Box #

SAME AS ABOVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3566762

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

BARONE, PHILLIP JR.
6239 NEWMARK ST
SPRING HILL FL 34606

7. Name and Address of New Registered Agent

Name

N/A

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

Phil Barone

(NOTE: Registered Agent signature required when reinstating)

DATE

3-6-07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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: **OP** ☐ Delete
NAME: **BARONE, PHILLIP**
STREET ADDRESS: **6239 NEWMARK ST**
CITY-STATE-ZIP: **SPRING HILL FL 34606**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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:

Phil Barone

PHILLIP BARONE JR

Date

3-6-07

Daytime Phone #

352-686-7514