


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90244 037 ***150.00

DOCUMENT # S27692 1. Entity Name SECURITY SCREENS OF FT. MYERS, INC.					
Principal Place of Business 5260 HALIFAX AVENUE SUITE 2 FORT MYERS, FL 33912			Mailing Address 6901 ST. EDMUNDS LOOP FT. MYERS, FL 33912		
2. Principal Place of Business 6901 St. Edmunds Loop			3. Mailing Address Suite, Apt. #, etc.		
City & State Ft. Myers, FL			City & State		
Zip 33912		Country USA		4. FEI Number 65-0247179	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02112004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent JORESKI, MARIE 6901 ST. EDMUNDS LOOP FORT MYERS, FL 33912			7. Name and Address of New Registered Agent Name Marie Lopez Street Address (P.O. Box Number is Not Acceptable) Same 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 <i>Marie J Lopez</i> MARIE J LOPEZ PRESIDENT 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	PD JORESKI, MARIE 6901 ST. EDMUNDS LOOP FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Lopez, Marie <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Same		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	YP MICHAEL C. MILLER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6901 St. Edmunds Loop Fr. MYERS, FL. 33912		
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		
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		
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 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: <i>Marie J Lopez</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-12-04 Date Daytime Phone #		