


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State

04-21-2004 90068 045 ***150.00

DOCUMENT # V66785			
1. Entity Name DO IT YOURSELF SCREEN CO.			
Principal Place of Business 5831 REINKE DR CRESTVIEW FL 32539 US		Mailing Address 5831 REINKE DR CRESTVIEW FL 32539 US	
2. Principal Place of Business 5831 REINKE DR Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State CRESTVIEW FL		City & State	
Zip 32539	Country OKALOOSA	Zip	Country
4. FEI Number 65-0358868		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GASTMANN, SHARON 5831 REINKE DRIVE CRESTVIEW FL 32539		7. Name and Address of New Registered Agent Name: GASTMANN, SHARON RICHARD Street Address (P.O. Box Number is Not Acceptable): 5831 REINKE DRIVE CRESTVIEW, FL City: CRESTVIEW, FL Zip Code: 32539	
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>Richard Gastmann</i> RICHARD GASTMANN PRES. 2-3-04 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 Make Check Payable to Florida Department of State		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 GASTMANN, SHARON M 5831 REINKE DRIVE CRESTVIEW FL 32539 <i>VOID</i>	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EE GASTMANN, RICHARD W. 5831 REINKE DR CRESTVIEW FL 32539 <i>VOID</i>	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, SECT. TREAS. GASTMANN, RICHARD W. 5831 REINKE DRIVE CRESTVIEW, FL 32539	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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>Richard Gastmann</i>		4-19-04 850-682-4445 Date Daytime Phone #	

00440373



MOORE CR2E034 (11/03)