

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000048363

**Entity Name:** LONG LIFE SCREENS, INC.

**Current Principal Place of Business:**

11 JUNIPER PASS TER  
OCALA, FL 34480

**Current Mailing Address:**

11 JUNIPER PASS TER  
OCALA, FL 34480 US

**FEI Number:** 72-1597342

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LOGAN, TOM  
11 JUNIPER PASS TER  
OCALA, FL 34480 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name LOGAN, TOM  
Address 11 JUNIPER PASS TER  
City-State-Zip: OCALA FL 34480

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** TOM LOGAN

**PRESIDENT**

**04/28/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date