


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90322 025 \*\*\*150.00

**DOCUMENT # F97000005110**  
 1. Entity Name  
**ADVANCED INDUSTRIAL SERVICES, INC.**



Principal Place of Business  
**3250 SUSQUEHANNA TRAIL  
 YORK, PA 17402**

Mailing Address  
**3250 SUSQUEHANNA TRAIL  
 YORK, PA 17402**

**50025264**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



02132005 Chg-P CR2E034 (10/03)

**6. Name and Address of Current Registered Agent**  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

4. FEI Number  
**23-2308981**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	YERGO, MICHAEL	
STREET ADDRESS	3250 SUSQUEHANNA TRAIL	
CITY-ST-ZIP	YORK, PA	
TITLE	V	<input type="checkbox"/> Delete
NAME	MAILEY, KRIS	
STREET ADDRESS	3250 SUSQUEHANNA TRAIL	
CITY-ST-ZIP	YORK, PA	
TITLE	S	<input type="checkbox"/> Delete
NAME	STRANGE, RUSS	
STREET ADDRESS	3250 SUSQUEHANNA TRAIL	
CITY-ST-ZIP	YORK, PA	
TITLE	T	<input type="checkbox"/> Delete
NAME	BREEDEN, KARL	
STREET ADDRESS	3250 SUSQUEHANNA TRAIL	
CITY-ST-ZIP	YORK, PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEINRICHS, JAMES	
STREET ADDRESS	3250 SUSQUEHANNA TRAIL	
CITY-ST-ZIP	YORK, PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, JAMES T	
STREET ADDRESS	3250 SUSQUEHANNA TRAIL	
CITY-ST-ZIP	YORK, PA	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Green, Martin	
STREET ADDRESS	3250 Susquehanna Trail	
CITY-ST-ZIP	York, PA	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: X *Karl C Sw* X 3/7/05 X 717-764-9811  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #