


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90034 022 \*\*\*150.00

**DOCUMENT # P01000085168**

1. Entity Name  
**ADVANCED SCIENCE AND TECHNOLOGY, INC.**



Principal Place of Business  
**617 NW BUCK HENDRY WAY  
 STUART, FL 34994**

Mailing Address  
**757 SE LANSDOWNE AVE  
 PORT ST LUCIE, FL 34983**

2. Principal Place of Business  
**4490 SE CHERI COURT**

3. Mailing Address  
**1802 SW BUTTERCUP AVE**

Suite, Apt. #, etc.

City & State  
**STUART FL**

City & State  
**PORT ST LUCIE, FL**

Zip  
**34997**

Country  
**MARTIN**

Zip  
**34953**

Country  
**ST LUCIE**



01182004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**ROMEO, MICHAEL C  
 617 NW BUCK HENDRY WAY  
 STUART, FL 34994**

4. FEI Number  
**65-1137311**

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

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	NAME ROMEO, MICHAEL C	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1802 SW BUTTERCUP AVE.	CITY-ST-ZIP PORT SAINT LUCIE, FL 34953	NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete	NAME BLAZIE, BRYAN	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3610 SE BOWSPRIT CT.	CITY-ST-ZIP STUART, FL 34997	NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME	
CITY-ST-ZIP		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:** Michael C Romeo **MICHAEL C ROMEO** 3/16/04 772-344-5543  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**DIRECTOR**