

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 26, 2004 8:00 am**  
**Secretary of State**

07-26-2004 90004 009 \*\*\*558.75

**DOCUMENT # F02000001016**

1. Entity Name  
**ADVANCED TECHNOLOGIES AND INSTALLATION CORPORATION**



Principal Place of Business  
**655 N GLENVILLE DR  
RICHARDSON, TX 75081**

Mailing Address  
**655 N GLENVILLE DR  
RICHARDSON, TX 75081**

2. Principal Place of Business  
**Same as Above**  
Suite, Apt. #, etc.

3. Mailing Address  
**Same as above**  
Suite, Apt. #, etc.



06302004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**91-1528002**

Applied For  
☐ Not Applicable

Zip Country

Zip Country  
**USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

Name **Same**

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 \$550.00  
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **O'NEIL, JIM**  
STREET ADDRESS **655 N GLENVILLE DR**  
CITY-ST-ZIP **RICHARDSON, TX 75081**

TITLE **VP** ☐ Delete  
NAME **GORDON, DANA**  
STREET ADDRESS **655 N GLENVILLE DR**  
CITY-ST-ZIP **RICHARDSON, TX 75081**

TITLE **T** ☐ Delete  
NAME **GRIVOSTAF, NICHOLAS**  
STREET ADDRESS **655 N GLENVILLE DR**  
CITY-ST-ZIP **RICHARDSON, TX 75081**

TITLE **VP** ☐ Delete  
NAME **O'BRIEN, PETE**  
STREET ADDRESS **655 N GLENVILLE DR**  
CITY-ST-ZIP **RICHARDSON, TX 75081**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☒ Addition  
NAME **TAGE DAHLQVIST**  
STREET ADDRESS **655 N. GLENVILLE DR.**  
CITY-ST-ZIP **Richardson, TX 75081**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 the 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: TAGE DAHLQVIST**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/1/04 (469)385-3965**

Date

Daytime Phone #