


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L42370</b> 1. Entity Name <b>ARMSTRONG ELECTRIC MOTOR SERVICE, INC.</b>	
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Principal Place of Business <b>C/O MICHAEL ARMSTRONG 1609 W CANAL ST POB 774 NEW SMYRNA BEACH, FL 32170</b>	Mailing Address <b>C/O MICHAEL ARMSTRONG 1609 W CANAL ST POB 774 NEW SMYRNA BEACH, FL 32170</b>
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**DO NOT WRITE IN THIS SPACE**



02072004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2988602</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
**ARMSTRONG, MICHAEL  
802 FAIRWAY DR.  
NEW SMYRNA BEACH, FL 32168**

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IN THIS SPACE**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000045808 02/11/04-80078-006 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ARMSTRONG, THERESA 802 FAIRWAY DR., P.O. BOX 411 NEW SMYRNA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ARMSTRONG, MICHAEL 802 FAIRWAY DR., P.O. BOX 411 NEW SMYRNA BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 Armstrong Michael Armstrong 2-7-04 386-428-8241  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #