

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90186 028 ***150.00

DOCUMENT # P00000066886

1. Entity Name
AMERICAN SATISFACTION, INC.



Principal Place of Business
**1816 NURSERY RD.
CLEARWATER, FL 33764**

Mailing Address
**1816 NURSERY RD.
CLEARWATER, FL 33764**



06302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3658177

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ESCOTT, DARREN
1816 NURSERY RD.
CLEARWATER, FL 33764**

**DO NOT WRITE
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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ESCOTT, DARREN
1816 NURSERY RD.
CLEARWATER, FL 33764**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #


DARREN ESCOTT

30th JUNE 04

(727) 539-8420

Licensed
&
Insured
CR-C058086

Attachment
P00000066886
American Satisfaction Inc. 44047423
1811 Nursery Rd.
Clearwater, FL 33764
Phone: 727-539-8420
Fax: 727-539-7677



Construction + Remodeling

June 30, 2004

RE: NOTICE OF INTENT

Dear Sir/Madam:

Having just received a Notice of Intent to Dissolve I tried repeatedly to reach someone in your office at: ((850) 245-6056). However, I was unsuccessful in getting a human being. The message I kept receiving told me that all lines were busy and to try back in a half an hour. I did so repeatedly, to no avail.

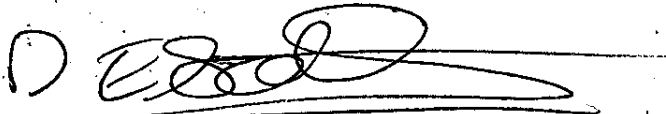
However, I was able to reach a voice recording that informed me that if I had not received the proper documentation to simply check the box on the form stating that I hadn't received the documentation. I did try downloading the correct form off of the internet site listed; however, there is no box to check stating that I never received prior notification.

I want you to realize that I have replied to this the same day as I have received the Notice of Intent to Dissolve, and I have not received any prior forms before today. I can sit here and honestly say that I didn't receive any forms regarding the annual fee, otherwise I would have paid the \$150.00 fee promptly, as I am paying it today after having the matter brought to my attention for the very first time.

I have enclosed the form that I downloaded from the site mentioned on the voice recording to show that there isn't a box to check regarding never having received any prior notification.

I thank you in advance for your help in rectifying this matter.

Sincerely,



Darren Escott