


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90031 007 ***150.00

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|---|---|--|---|--|--|
| DOCUMENT # P01000073038 1. Entity Name ADVANCED SURFACE TECHNOLOGIES GROUP, INC. | | | |  | |
| Principal Place of Business 1416 INTREPID DRIVE DELAND, FL 32724 | | | Mailing Address 1416 INTREPID DRIVE DELAND, FL 32724 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address P.O. Box 595 Suite, Apt. #, etc. | | | |
| City & State | | City & State LAKE HELEN, FL | | 4. FEI Number 59-3732938 | |
| Zip 32744 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SMITH, KEVIN T 1416 INTREPID DRIVE DELAND, FL 32724 | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FIGENSCHER, MARK A PO BOX 595 LAKE HELEN, FL 32744 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 595 LAKE HELEN, FL 32744 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SMITH, KEVIN T PO BOX 595 LAKE HELEN, FL 32744 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 595 LAKE HELEN, FL 32744 | |
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| 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: <i>Mark A. Figenschon</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| Date 3-10-04 Daytime Phone # | | | | | |