

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90076 027 \*\*\*150.00

DOCUMENT# P01000077275

1. Entity Name  
A&M INSTALLATIONS, INC.



Principal Place of Business  
27551 PULLEN AVENUE  
BONITA SPRINGS, FL 34135

Mailing Address  
27551 PULLEN AVENUE  
BONITA SPRINGS, FL 34135

2. Principal Place of Business  
27259 HIGH SEAS LN.  
Suite, Apt. #, etc.

3. Mailing Address  
27259 HIGH SEAS LN  
Suite, Apt. #, etc.

City & State  
BONITA SPRINGS, FL  
Zip  
34135  
Country  
USA

City & State  
BONITA SPRINGS, FL  
Zip  
34135  
Country  
USA

01232004 Chg-P CR2E034 (10/03)

4. FEI Number  
65-1129546  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22ND STREET  
4TH FLOOR  
MIAMI, FL 33145

## 7. Name and Address of New Registered Agent

Name  
ROBERT A. FRANKLIN  
Street Address (P.O. Box Number is Not Acceptable)  
27259 HIGH SEAS LANE  
City  
BONITA SPRINGS FL Zip Code  
34135

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: ROBERT ALLEN FRANKLIN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-04

**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

TITLE	+SD	<input type="checkbox"/> Delete
NAME	FRANKLIN, ALLEN	
STREET ADDRESS	27551 PULLEN AVENUE	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	FRANKLIN, MONICA	
STREET ADDRESS	27551 PULLEN AVENUE	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	27259 HIGH SEAS LN	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	27259 HIGH SEAS LN	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: ROBERT ALLEN FRANKLIN / Robert Allen Franklin 1-26-04 239-253-2016  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #