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

04-26-2004 91033 038 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000084877

1. Entity Name
CONSTRUCTION SERVICES & INSTALLATIONS, INC.

Principal Place of Business	Mailing Address
2840 W. ORANGE AVE.	2840 W. ORANGE AVE.
APOPKA, FL 32703	APOPKA, FL 32703

66422431

04152004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 59-3740678 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BIFERIE, ROBERT L
301 N. PINE MEAOONS DR.
SUITE #A
DEBARY, FL 32713

7. Name and Address of New Registered Agent

Name: BERMAN, HOPKINS, + MOSS
Street Address (P.O. Box Number is Not Acceptable): 480 N. ORLANDO AVE.
SUITE # 218
City: WINTER PARK FL Zip Code: 32789

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: Ed Moss for Berman Hopkins + Moss 5/12/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LEMIEUX, KEITH B	NAME	
STREET ADDRESS	2840 W. ORANGE AVE.	STREET ADDRESS	
CITY-ST-ZIP	APOPKA, FL 32703	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: ____________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #