


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90065 037 ***150.00

DOCUMENT # P01000108419

1. Entity Name
EMERGENCY VEHICLE EQUIPMENT INSTALLATION, INC.



Principal Place of Business Mailing Address

2164 PLATINUM RD 2164 PLATINUM RD
 SUITE F SUITE F
 APOPKA, FL 32703 APOPKA, FL 32703

2. Principal Place of Business 3. Mailing Address

203 W. First Street **203 W. First Street**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

APOPKA, FL. **APOPKA, FL.**

Zip Country Zip Country

32703 **U.S.A.** **32703** **U.S.A.**



03012004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

59-3755224 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

SWIGER, DANIEL A
1251 JASMINE RD
APOPKA, FL 32703

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: *[Signature]* DATE: **3-29-04**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PVSD SWIGER, DANIEL A 1251 JASMINE RD APOPKA, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSD SWIGER, DANIEL A. 203 WEST FIRST STREET APOPKA, FL 32703 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *[Signature]* Date: **3-29-04** Daytime Phone #: **321-228-1488**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR