2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered

Apr 30, 2004 8:00 am Secretary of State DOCUMENT # P02000004412 1. Entity Name 04-30-2004 90287 027 ***150.00 ADVANCED MECHANICAL SERVICES, INC. Principal Place of Business Mailing Address 28750 SKYGLADE PLACE 28750 SKYGLADE PLACE WESLEY CHAPEL FL 33543 WESLEY CHAPEL FL 33543 2. Principal Place of Business 3. Mailing Address Place 31116 Hannigan 3116 Hannigan CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 04-3594849 Not Applicable Country Pasco \$8.75 Additional 5. Certificate of Status Desired П Pasco Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Wolanin WOLANIN, JOHN M Street Address (P.O. Box Number is Not Acceptable) 28750 SKYGLADE PLACE WESLEY CHAPEL FL 33543 annigan 8. The above named entity submits this statement for the purpose of changing its registered office or registered office or registered of 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 \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Addition NAME WOLANIN, JOHN M NAME 31116 Hannigan Place STREET ADDRESS 28750 SKYGLADE PLACE STREET ADDRESS WESLEY CHAPEL FL 33543 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME MAME 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. Thereby 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

FILED