

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90034 046 ***150.00

DOCUMENT # P02000062246

1. Entity Name
NORTH AMERICAN INSTALLATION & CONSULTING, INC.



Principal Place of Business
**357 NEW WORLD DRIVE
JEFFERSON HILLS, PA 15025**

Mailing Address
**357 NEW WORLD DRIVE
JEFFERSON HILLS, PA 15025**

94047655

2. Principal Place of Business
186 Valley View Dr.
Suite, Apt. #, etc.

3. Mailing Address
186 Valley View Dr.
Suite, Apt. #, etc.



04052004 Chg-P CR2E034 (10/03)

City & State
Rostraver, Pennsylvania
Zip
15012
Country
USA

City & State
Rostraver, PA
Zip
15012
Country
USA

4. FEI Number
04-3691237
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**PERKINS, JOYCE A
1630 22ND STREET NORTH
ST. PETERSBURG, FL 33713**

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPVT
KRUPP, MATTHEW D
357 NEW WORLD DRIVE
JEFFERSON HILLS, PA 15025** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
KRUPP, MATTHEW D
357 NEW WORLD DRIVE
JEFFERSON HILLS, PA 15025** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
KRUPP, LAUREN M
357 NEW WORLD DR
JEFFERSON HILLS, PA 15025** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Matthew D Krupp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-04 412-670-3276