APR-29-04 THU 09:35 BUCKLAND, KIMBERLY

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90679 001 ***150.00

DOCUMENT # P03000022694

1. Entity Name
AMERICAN SALES & INSTALLATION, INC.

Principal Place of Business	Mailing Address
1935 SW 30 CT OCALA, FL 34474	P.O. BOX 948 BELLEVIEW, FL 34421

04292004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2920 SW 1st LN	P.O. BOX 948
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OCALA FL	City & State: BELLEVIEW FL
Zip: 34474 Country: MARION	Zip: 34421 Country: MARION

4. FEI Number: 593380664 ☐ Applied For ☐ 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
BUCKLAND, STEVEN PAUL 1935 SW 30 CT OCALA, FL 34474	Name: N/A 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: STEVEN P. BUCKLAND 4-29-04
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BUCKLAND, STEVEN PAUL 1935 SW 30 CT OCALA, FL 34474	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BUCKLAND, KERI NICHOLE 1935 SW 30 CT OCALA, FL 34474	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BUCKLAND, LARRY MASON 8065 SW 3 CT OCALA, FL 34480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DANDREANO, MICHAEL WILLIS 10187 SW 84 AVE RD OCALA, FL 34481	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: STEVEN P. BUCKLAND 4-29-04 352-216-8905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #