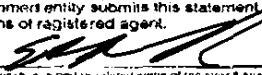


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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 1935 SW 30 CT OCALA, FL 34474		Mailing Address P.O. BOX 948 BELLEVUE, FL 34421	
2. Principal Place of Business 2920 SW 1st LN Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 948 Suite, Apt. #, etc.	
City & State OCALA FL		City & State BELLEVUE FL	
Zip 34474		Zip 34421	
Country MARION		Country MARION	
4. FEI Number 593380666		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUCKLAND, STEVEN PAUL 1935 SW 30 CT OCALA, FL 34474		7. Name and Address of New Registered Agent 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 DATE 4-29-04 Signature, typed or printed name of registered agent and State if applicable. (NOTE: Registered Agent signature required when re-registering)			
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 approved.			
SIGNATURE:  STEVEN P. BUCKLAND		DATE 4-29-04 352-216-8905	