


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90342 004 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P03000022694</b>                                   |  |
| 1. Entity Name<br><b>AMERICAN SALES &amp; INSTALLATION, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>2920 SW 1ST LANE<br/>OCALA FL 34474</b> | Mailing Address<br><b>P.O. BOX 948<br/>BELLEVIEW FL 34421</b> |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
|---|---|

|                         |                         |         |         |
|-------------------------|-------------------------|---------|---------|
| City & State<br><br>Zip | City & State<br><br>Zip | Country | Country |
|-------------------------|-------------------------|---------|---------|

|   |  |
|---|--|
| 4. FEI Number<br><b>59-3380666</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><br><b>BUCKLAND, STEVEN PAUL<br/>1935 SW 30 CT<br/>OCALA FL 34474</b> |  |
|--|--|

|   |  |
|---|--|
| 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|--|--|------------|

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|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|--|

| 10. OFFICERS AND DIRECTORS                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>BUCKLAND, STEVEN PAUL<br>1935 SW 30 CT<br>OCALA FL 34474 <input type="checkbox"/> Delete                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | SD<br>BUCKLAND, KERI NICHOLE<br>1935 SW 30 CT<br>OCALA FL 34474 <input type="checkbox"/> Delete                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | T<br>BUCKLAND, LARRY MASON<br>8065 SW 3 CT<br>OCALA FL 34480 <input type="checkbox"/> Delete                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | V<br>DANDREANO, MICHAEL WILLIS<br>10187 SW 84 AVE RD<br>OCALA FL 34481 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> 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:  <b>STEVEN P. BUCKLAND</b> | Date <b>4-25-05</b> | Daytime Phone # <b>352-216-8905</b> |
|--|---------------------|-------------------------------------|