

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90309 009 \*\*\*158.75

**DOCUMENT # P03000022694**

1. Entity Name

AMERICAN SALES & INSTALLATION, INC.



Principal Place of Business

2920 SW 1ST LANE  
OCALA FL 34474

Mailing Address

P.O. BOX 948  
BELLEVUE FL 34421

2. Principal Place of Business

SAME

3. Mailing Address

PO BOX 772472

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OCALA FL

Zip

Country

Zip

Country

34477-2472

USA

4. FEI Number

59-3380666

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

ADDRESS CHANGE ONLY

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

9189 SE 7th AVE

City

OCALA FL

FL

Zip Code

34480

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 PAUL BUCKLAND

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-3-06

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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 PD  
NAME BUCKLAND, STEVEN PAUL  
STREET ADDRESS 1935 SW 30 CT  
CITY-ST-ZIP Ocala FL 34474 ☐ Delete

TITLE TREASURER  
NAME KIMBERLY R. BUCKLAND  
STREET ADDRESS 8065 SE 3rd  
CITY-ST-ZIP Ocala FL 34480 ☐ Change ☒ Addition

TITLE SD  
NAME BUCKLAND, KERI NICOLE  
STREET ADDRESS 1935 SW 30 CT  
CITY-ST-ZIP Ocala FL 34474 ☐ Delete

TITLE SD  
NAME KERI NICOLE BUCKLAND  
STREET ADDRESS 9189 SE 7th AVE  
CITY-ST-ZIP Ocala FL 34480 ☒ Change ☐ Addition  
ADDRESS

TITLE T  
NAME BUCKLAND, LARRY MASON  
STREET ADDRESS 8065 SW 3 CT  
CITY-ST-ZIP Ocala FL 34480 ☒ Delete

TITLE PD  
NAME STEVEN PAUL BUCKLAND  
STREET ADDRESS 9189 SE 7th AVE  
CITY-ST-ZIP Ocala FL 34480 ☒ Change ☐ Addition  
ADDRESS

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

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 exemptions contained in Section 119, 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 PAUL BUCKLAND

4-3-06

352-216-8905

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #