

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000030496

FILED
Apr 27, 2004
Secretary of State

Entity Name: ALL TIME INSTALLATIONS, INC.

Current Principal Place of Business:

2424 24TH LANE
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

2424 24TH LANE
PALM BEACH GARDENS, FL 33418

New Mailing Address:

PO BOX 30686
PALM BEACH GARDENS, FL 33420

FEI Number: 05-0559683

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLIA, MIKE
2424 24TH LANE
PALM BEACH GARDENS, FL 33418

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COLIA, MIKE
Address: 2424 24TH LANE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D () Delete
Name: WRIGHT, JOHN
Address: 2424 24TH LANE
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WRIGHT, JOHN
Address: PO BOX 30686
City-St-Zip: PALM BEACH GARDENS, FL 33420

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE COLIA

D

04/27/2004

Electronic Signature of Signing Officer or Director

Date