

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90001 008 \*\*\*150.00

**DOCUMENT # P03000077445**

1. Entity Name  
**ADVENT INSTALLATIONS, INC.**



Principal Place of Business      Mailing Address  
 2728 NOVUS PLACE      2728 NOVUS PLACE  
 SARASOTA, FL 34237      SARASOTA, FL 34237

**54059793**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

06092004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**65-1146203**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.**  
 1840 SW 22ND ST.  
 4TH FLOOR  
 MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name **Steven Ashe**  
 Street Address (P.O. Box Number is Not Acceptable)  
**502 S. Albany #2**  
 City **Tampa**      FL      Zip Code **33606**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**  
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, GARY L	
STREET ADDRESS	2728 NOVUS PLACE	
CITY-ST-ZIP	SARASOTA, FL 34237	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ASHE, NEVIN	
STREET ADDRESS	2728 NOVUS PLACE	
CITY-ST-ZIP	SARASOTA, FL 34237	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	ALDEN, WILLIAM A	
STREET ADDRESS	2728 NOVUS PLACE	
CITY-ST-ZIP	SARASOTA, FL 34237	
TITLE	President	<input type="checkbox"/> Delete
NAME	Steven Ashe	
STREET ADDRESS	502 S. Albany Ave #2	
CITY-ST-ZIP	Tampa FL 33606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-21-04  
 Date

813-318-1380  
 Daytime Phone #