

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000136284

FILED
May 07, 2005
Secretary of State

Entity Name: 4 ACES OF TAMPA INSTALLATION INC.

Current Principal Place of Business:

1503 VANDERVORT RD
LUTZ, FL 33549 US

New Principal Place of Business:

Current Mailing Address:

1503 VANDERVORT RD
LUTZ, FL 33549 US

New Mailing Address:

FEI Number: 59-3611313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICKLE, ILISA
1503 VANDERVORT RD
LUTZ, FL 33549 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NICKLE, ILISA S
Address: 1503 VANDERVORT RD
City-St-Zip: LUTZ, FL 33549

Title: VP () Delete
Name: NICKLE, THEODORE P 2ND
Address: 1503 VANDERVORT RD
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ILISA S NICKLE

PRES

05/07/2005

Electronic Signature of Signing Officer or Director

Date