

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

07-26-2004 90001 031 \*\*\*150.00  
P03000142480


FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

54064667



07212004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P03000142480</b>			
1. Entity Name <b>BUDGET INSTALLATIONS OF PALM BEACH, INC.</b>			
Principal Place of Business <b>1011 CHERYL ROAD WEST PALM BEACH, FL 33417</b>		Mailing Address <b>1011 CHERYL ROAD WEST PALM BEACH, FL 33417</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>10-0466034</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>LEONARD, ELWANDA T 1011 CHERYL ROAD WEST PALM BEACH, FL 33417</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LEONARD, ELWANDA T 1011 CHERYL ROAD WEST PALM BEACH, FL 33417</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BUNCH, J. O 1011 CHERYL ROAD WEST PALM BEACH, FL 33417</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Elwanda T. Leonard</u>		7/21/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

2 of 2

DELISI ACCOUNTING & TAX SERVICES, INC.  
Martin V. DeLisi, EA  
Accountant and Tax Consultant  
4361 Northlake Boulevard  
Palm Beach Gardens, Florida 33410  
(561-622-31622 Fax (561-626-9857)

AUGUST 10, 2004

DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FLORIDA 32314

RE: BUDGET INSTALLATION OF THE PALM BEACH, INC.  
P03000142480

TO WHOM IT MAY CONCERN;

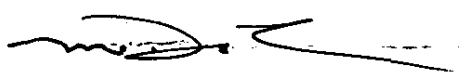
WE ARE WRITING TO YOU AGAIN TO ADVISE YOU THAT WE DID NOT RECEIVE  
THE ANNUAL REPORT NOTICE FOR THE ABOVE CAPTION TAXPAYER.


I ASSURE YOU IF WE DID THE REPORT WOULD HAVE BEEN TIMELY MAILED.

AS THERE ACCOUNTANT THEY BRING ME ALL CORRESPONDENCE FROM ANY  
GOVERNMENT AGENCIES AND THIS NOTICE WAS NOT WITH ANY OF THERE  
PAPER WORK.

THANK YOU FOR YOUR CONSIDERATION IN THIS MATTER.

VERY TRULY YOURS,

  
MARTIN V. DELISI, EA

  
ELWANDA T. LEONARD  
PRESIDENT