

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 25, 2004 8:00 am
Secretary of State

04-28-2004 90184 033 ***150.00

DOCUMENT # P03000145592

1. Entity Name

ASSOCIATED SALES & SERVICE, INC.



Principal Place of Business
1736 TOWNSEND OAKS CIRCLE
ORLANDO FL 32826

Mailing Address
POST OFFICE BOX 5401
WINTER PARK FL 32793

66424089



MOORE CR2E034 (11/03)

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

56-2420660

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JAMES, LATONA
1736 TOWNSEND OAKS CIRCLE
ORLANDO FL 32826

7. Name and Address of New Registered Agent

Name

JAMES LATONA

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

1736 TOWNSEND OAKS CIRCLE

City

ORLANDO

FL

Zip Code
32826

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

TITLE	P	<input type="checkbox"/> Delete
NAME	JAMES, LATONA	
STREET ADDRESS	POST OFFICE BOX 5401	
CITY-ST-ZIP	WINTER PARK FL 32793	
TITLE	S	<input type="checkbox"/> Delete
NAME	JAMES, LATONA	
STREET ADDRESS	POST OFFICE BOX 5401	
CITY-ST-ZIP	WINTER PARK FL 32793	
TITLE	T	<input type="checkbox"/> Delete
NAME	JAMES, LATONA	
STREET ADDRESS	POST OFFICE BOX 5401	
CITY-ST-ZIP	WINTER PARK FL 32793	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAMES, LATONA	
STREET ADDRESS	POST OFFICE BOX 5401	
CITY-ST-ZIP	WINTER PARK FL 32793	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

James Latona

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/04 407-9248500

Date

Daytime Phone