

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 08:00 AM
Secretary of State

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**

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

7. Name and Address of New Registered Agent

**LATONA, JAMES
1736 TOWNSEND OAKS CIRCLE
ORLANDO FL 32826**

Name

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

City

FL

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

James Latona

Signature, typed or printed name of registered agent (one line if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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04/25/05-80160-017 150.00

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

Date

Daytime Phone #