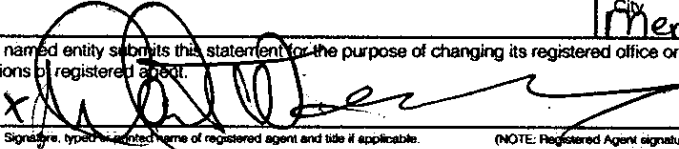
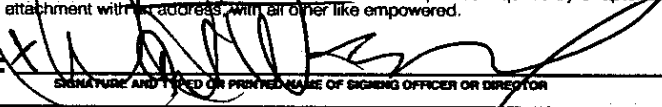


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90345 049 ***158.75

DOCUMENT # P03000150329 1. Entity Name DAN WIECZORECK INSTALLATIONS, INCORPORATED					
Principal Place of Business 1315 FIDDLER AVE MERRITT ISLAND, FL 32952			Mailing Address 1315 FIDDLER AVE MERRITT ISLAND, FL 32952		
2. Principal Place of Business 1575 S. Harbor Drive Suite, Apt. #, etc.		3. Mailing Address 1575 S. Harbor Drive Suite, Apt. #, etc.			
City & State Merritt Island, FL		City & State Merritt Island, FL		4. FEI Number 77-0616696	
Zip 32952		Country USA		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WIECZORECK, DANIEL T 1315 FIDDLER AVE MERRITT ISLAND, FL 32952				7. Name and Address of New Registered Agent Name Wieczoreck, Daniel T. Street Address (P.O. Box Number is Not Acceptable) 1575 S. Harbor Drive City Merritt Island FL Zip Code 32952	
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  DATE 4/27/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			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 NAME STREET ADDRESS CITY-ST-ZIP	D WIECZORECK, DANIEL T ☒ Delete 1315 FIDDLER AVE MERRITT ISLAND, FL 32952		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ☒ Change ☐ Addition Daniel T. Wieczoreck 1575 S. Harbor Drive Merritt Island, FL 32952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: 			Date 4/27/04 Daytime Phone # 321-302-1326		