## **2004 FOR PROFIT CORPORATION**

## ANNUAL REPORT (AR)

## **DOCUMENT # P03000153359**

1. Entity Name



## FILED Aug 05, 2004 8:00 am Secretary of State 08-05-2004 90003 040 \*\*\*150.00

	SIÇIVAL W	INDOM IN2	TALLATION	, INC.			<i>'</i>				
Principal Plac	ce of Business	, , , , , , , , , , , , , , , , , , ,	Maili	ng Address			-				
15511 RUBY HUSON FL				11 RUBY LANE SON FL 34667							
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2. Principal P	Place of Busine	ess	3. Ma	ailing Address			-				
Suite, Apt.	. #, etc.	·	Sui	ite, Apt. #, etc.		•		MOORE	CR2E03	4 (4/04)	
City & Stat	te		Cit	y & State			4. FEI Numb	oer 007740	1		oplied For
Zip		Country	Zìp	D	Coun	ntry	5. Certificate	e of Status Desired		\$8.75 Ad Fee Require	
	6. Name	and Address of (	Current Register	red Agent			7. Name and	d Address of New	Registered /	Agent	
TVC	2740-155	EEDV D.	•			Name			_		
TYSZKO, JEFFERY D 15511 RUBY LANE HUSON FL 34667						Street Address (P.O. Box Number is Not Acceptable)					
						,					
			=			City			FL	_	
8. The above the obligat	e named entity tions of registe	submits this state red agent.	ement for the pur	pose of changing i	ts registere	ed office or registe	ered agent, or bo	oth, in the State of F	Florida. I am	familiar with,	and accept
SIGNATURE .											
	Signature, typed of	or printed name of registe	ered agent and title if ag	nolicable (NC	TE: Registere	ed Agent signature require	ed when reinstating)		DATE		
CON Service Concession and Total	r Taktoria nasa Heriak nake	Troube Laborat William (News. 24-17)	n whole introduced as	«I'			ed the remaining)	r			
Special in	ILE NOW!! DUE BY Se	FEE IS \$550. ptember 8, 200 Florida Departi	00 4	\$.607.193(2)(b	), F.S., allo	ows for the waiver is box, the corporatice. Fea.to,file,is,\$	of the \$400.00 tion certifies it	9. Election Camp			00 May Be
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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 extrashment with an address, with all offer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

797 243-6732 Daytime Phone #