2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # P04000118857



May 03, 2005 8:00 am Secretary of State 05-03-2005 90147 003 ***150.00

FILED

1. Entity Name						03-03-2003 90147 003 1113	0.00	
ARMSTRONG CONSTRUCTION AND DESIGN SERVICES CORPORATION								
Principal Place of Business			Mailing Address					
2500 HOLLYWOOD BLVD STE 212			2500 HOLLYWOOD BLVD STE 212					
HÖLLYWOO	D FL 33020)	HOLLYWOOD FL 33			I STOROGO HI DANI KKUN DANI ARKI ARKI ANDI MARI MARI MARI MARI MARI MARI M	RATI TIMI ITOTER	1 8 1
2. Principal Place of Business			3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1st MOORE CR2E034 (10)/04)	
City & State			City & State			4. FEI Number 20-1565422	Not A	ed For pplicable
Zip -	Country Zip Cou		Coun	try	5. Certificate of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
KLAPHOLZ, JOSEPH P 2500 HOLLYWOOD BLVD STE 212 HOLLYWOOD FL 33020					Name .			
					Street Address (P.O. Box Number is Not Acceptable)			
HOLET WOOD FL 33020					City		7(- C-d-	
				City		FL ·	Zip Code	
8. The above the obligat	named entity ions of regist	submits this statement for service statement for statement	or the purpose of changing	its register	ad office or regis	tered agent, or both, in the State of Florida. I am famil	iar with, and	d accept
SIGNATURE .	Signature, typed	or printed name of registered agen	f and title it applicable (N	OTE Registere	d Agent signature redu	ired when reinstating) 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 Added t	May Be o Fees
10.		OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTODE IN	1.4.4
TITLE	l PS		DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIA	IECTORS II	4 11
NAME ARMSTRONG, MARK			DIRECTORS Defete	TOTAL				Addition
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12. If hereby certify that the information supplied with this filing does not quality 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 exercise 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 an option of 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 the corporation of the receiver of trustee empowered to the corporation of the receiver of trustee empowered to the corporation of the receiver of trustee empowered to the corporation of the receiver or trustee empowered to the corporation of the receiver of trustee empowered to the corporation of the receiver of trustee empowered to the corporation of the receiver of trustee empowered to the corporation of the receiver of trustee empowered to the corporation of the receiver of trustee empowered to the corporation of the receiver of trustee empowered to the corporation of the corporation

SIGNATURE:

OR DIRECTOR

306.219.9290