


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 04, 2004 08:00 AM  
Secretary of State

|  |  |   |
|--|--|---|
| DOCUMENT # P93000034721                        |  |  |
| 1. Entity Name<br>ALL SERVICE INSULATION, INC. |  |   |

|   |   |
|---|---|
| Principal Place of Business<br>1705 EAST GARY ROAD<br>LAKELAND FL 33801<br>US | Mailing Address<br>1705 EAST GARY ROAD<br>LAKELAND FL 33801<br>US |
|---|---|

|                                |         |                    |         |
|--------------------------------|---------|--------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address |         |
| Suite, Apt #, etc.             |         | Suite, Apt #, etc. |         |
| City & State                   |         | City & State       |         |
| Zip                            | Country | Zip                | Country |



MOORE CR2E034 (11/03)

|   |  |  |
|---|--|--|
| 4. FEI Number<br>59-3181751                               |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | \$8.75 Additional Fee Required                         |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>ARTMAN, STEPHEN H<br><del>908 SOUTH FLORIDA AVE</del><br><del>SUITE 102</del><br>LAKELAND FL 33803 |
|---|

|   |             |
|---|-------------|
| 7. Name and Address of New Registered Agent                                 |             |
| Name  |             |
| Street Address (P.O. Box Number is Not Acceptable)<br>925 SOUTH FLORIDA AVE |             |
| 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 \_\_\_\_\_  
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<br>After May 1, 2004 Fee will be \$550.00<br>Make Check Payable to Florida Department of State | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>HICKS, STEVEN C.<br>9431 W. SPRING COVE RD.<br>HOMOSASSA FL 34448 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>BROWDER, BOBBY<br>1706 CAROLINE CT.<br>BARTOW FL 33830 <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br>U00000036110<br>02/06/04-80043-023 150.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Jan 29 '04 863-616-1120  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #