# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Feb 11, 2004 8:00 am**
**Secretary of State**
02-11-2004 90009 048 ***150.00

DOCUMENT # P94000036513

1. Entity Name

ADVANCE SOLDER TECHNOLOGY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 571 HAVERTY COURT<br>ROCKLEDGE FL 32955-3609 | 571 HAVERTY COURT<br>ROCKLEDGE FL 32955-3609 |

MOORE CR2E034 (11/03)

| 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 59-3234699 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

PROCKO, PAUL
765 ATLANTIC DRIVE
SATELLITE BEACH FL 32937

**7. Name and Address of New Registered Agent**

Name: Paul J. Procko
Street Address (P.O. Box Number is Not Acceptable): 1941 Highway A1A # 407
Indian Harbor Beach Fl.
City: Indian Harbor Bch. **FL** Zip Code: 32937

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: P Procko 2/5/04
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**
**After May 1, 2004 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | O<br>ROBINSON, JOHN<br>447 GRAHAM DR.<br>COPPELL TX 75019 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>TOBER, LEO<br>200 S. BANNANA RIVER BLVD.<br>COCOA BEACH FL 32931 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>Tober, Leo<br>8951 Lake Drive<br>Cape Canaveral, FL. 32920<br>☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>PROCKO, PAUL<br>765 ATLANTIC DRIVE<br>SATELLITE BEACH FL 32937 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>Procko, Paul<br>1941 Highway A1A #407<br>Indian Harbor Beach FL. 32937<br>☑ 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:** P Procko 2/3/04 PAUL J PROCKO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #