

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000045331

FILED  
Apr 11, 2004  
Secretary of State

Entity Name: LEWIS ASAP, INC.

**Current Principal Place of Business:**

5086 NW 57TH WAY  
CORAL SPRINGS, FL 33067 US

**New Principal Place of Business:**

**Current Mailing Address:**

5086 NW 57TH WAY  
CORAL SPRINGS, FL 330674018 US

**New Mailing Address:**

FEI Number: 65-0495669

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEWIS, ROBERT K  
5086 NW 57TH WAY  
CORAL SPRINGS, FL 330674018 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LEWIS, ROBERT K  
Address: 5086 NW 57TH WAY  
City-St-Zip: CORAL SPRINGS, FL 330674018

Title: VP ( ) Delete  
Name: LEWIS, JEFFREY R  
Address: 7373 WESCOTT TERRACE  
City-St-Zip: LAKE WORTH, FL 33467

Title: S ( ) Delete  
Name: MARY KATHLEEN LEWIS,  
Address: 5086 NW 57TH WAY  
City-St-Zip: CORAL SPRINGS, FL 330674018

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT K LEWIS

PRES

04/11/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date