2004 FOR PROFIT CORPORATION

May 03, 2004 08:00 AM Secretary of State **DOCUMENT # P95000066780** 1. Entity Name J & S INSTALLATION SPECIALTIST, INC. Principal Place of Business Mailing Address 1409 W. LONG ST 409 1ST STREET ORLANDO, FL 32805 ORLANDO, FL 32824 03012004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3335260 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SIMON, JOHNNY 409 1ST STREET ORLANDO, FL 32824 IN THIS SPACE 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 famillar 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U000000151811 Trust Fund Contribution. Added to Fees 05/04/04-80062-005 150.00 10. OFFICERS AND DIRECTORS TITLE SIMON, JOHNNY NAME **409 1ST STREET** STREET ADDRESS CITY-ST-ZIP TAFT, FL 32824 TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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-er typice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

 nn_F NAME STREET ADDRESS CITY-ST-ZIP

FILED