




**FILED**  
**Jun 05, 2003 8:00 am**  
**Secretary of State**

0607028 1AV

<b>DOCUMENT #</b> P98000033770				<b>Secretary of State</b>	
1. Entity Name RUSS LOHSEN INSTALLATION INC.				06-05-2003 90129 046 ***150.00	
Principal Place of Business 932 SE DAMASK AVE PORT SAINT LUCIE FL 34983		Mailing Address 932 SE DAMASK AVE PORT SAINT LUCIE FL 34983			
2. Principal Place of Business 932 SE DAMASK AVE		3. Mailing Address 932 SE. DAMASK AVE		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PORT ST. LUCIE FL		City & State PORT ST. LUCIE FL		4. FEI Number 65-0831699	
Zip 34983 Country St. Lucie		Zip 34983 Country ST. LUCIE		Applied For Not Applicable	
6. Name and Address of Current Registered Agent LOHSEN, RUSSELL 2161 SE BISBEE STREET PORT SAINT LUCIE FL 34952		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME LOHSEN, RUSSELL STREET ADDRESS 2161 SE BISBEE STREET CITY-ST-ZIP PORT SAINT LUCIE FL 34952			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
Delete			Change Addition		
Delete			Change Addition		
Delete			Change Addition		
Delete			Change Addition		
Delete			Change Addition		
Delete			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:  4-15-2003 722-343-0754					