2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S26603

Entity Name
 ASSOCIATED INSTALLATION SERVICES. INC



Feb 27, 2004 8:00 am Secretary of State 02-27-2004 90010 031 ***150.00

FILED

ASSOCIATED INSTALLATION SERVICES, INC.							
Principal Plac 33918 E. LA P O BOX 196 EUSTIS, FL	ike Joanna drive 63	Mailing Address P O BOX 1963 EUSTIS, FL 32727 US	\				
						54	012345
DO NOT MOITE IN THE COACE				01072004	No Chg-P	CR2E034 (1	0/03)
DO NOT WRITE IN THIS SPAC			IUE	4. FEI Numbe 59-3062			Applied For Not Applicable
				5. Certificate	of Status Desired		5 Additional lequired
SNOKE, GORDON J. 33918 E LAKE JOANNA DR. EUSTIS, FL 32726				DO NOT WRITE IN THIS SPACE			
8. The above named shifty submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of begistered agent.							
SIGNATURE Signative typed or printed name of registered agent and the typed or printed name of registered agent agent agent as agent							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 After May 1, 2004 Fee will be \$550.00				.00 May Be led to Fees			:
10.	OFFICERS AND [DIRECTORS					
	SNOKE, GORDON J. 33918 E. LAKE JOANNA DR EUSTIS, FL						
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19 Ibosobii	certify that the information supplied with	this filling dogs not smallful for the	vermation stated in 5	notion 110 07/01/) Elorido Statuto	further seethers	at the information
l re- ingleby	cermy marring injoletening applied with	una ming does not quality for the e	verubrioù stated iu ge	5040H 19.07(3)(I	,, nonca Statutes.	manner cerury in	at the intolligation

12. Thereby certify that the information supplied with this filling 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 suppliemental report is true and accurate another 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 necessary for trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attach men with an address, with all other like empowered.

SIGNATURE

URE AND TYRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cate Davime P

Daytime Phone #