2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 29, 2004 8:00 am DOCUMENT # \$47546 **Secretary of State** 1. Entity Name 03-29-2004 90059 012 ***150.00 ENVIRONMENTAL INSTALLATIONS, INC. Principal Place of Business Mailing Address 3900 ST. JOHNS PKWY 3900 ST. JOHNS PKWY SANFORD FL 32771 SANFORD FL 32771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-3060297 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SANDER, JASON Street Address (P.O. Box Number is Not Acceptable) 3900 ST. JOHNS PKWY SANFORD FL 32771 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRES, TRAS, DIR PT TITLE TITLE 🔀 Change ☐ Delete ☐ Addition JASON SANDERL NAME SANDER, JASON R NAME 3900 ST. JOHNS PKWY STREET ADDRESS STREET ADDRESS 390 W. STATE ROAD 434, #203 SANFORD AL CITY-ST-ZIP LONGWOOD FL 32750 CITY-ST-ZIP 32771 UP, SEC, DIR VPD TITLE ☐ Delete TITLE Change ☐ Addition Scott Sander SANDER, SCOTT NAME 3900 ST. JOHNS PKWY STREET ADDRESS 390 W. STATE ROAD 434, #203 STREET ADDRESS SANFORD 32771 CITY-ST-ZIP LONGWOOD FL 32750 CITY-ST-ZIP 74 JP, DIR ☐ Delete Change ■ Addition ROBERT SANDER NAME SANDER, ROBERT NAME 3900 ST. JOHNS PKWY STREET ADDRESS 390 W. STATE ROAD 434, #203 STREET ADDRESS 32771 SANFORD 74 CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C/TY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 receives 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.

FILED