2006 FOR PROFIT CORPORATION ANNUAL-REPORT (AR)

Feb 03, 2006 08:00 AM DOCUMENT # P01000035875 Secretary of State 1. Entity Name AARON WHEELER VINYL INSTALLATION, INC. Principal Place of Business Mailing Address 3030 ORANGE TREE DR. EDGEWATER FL 32141 3030 ORANGE TREE DR. EDGEWATER FL 32141 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number 59-3698819 Not Applicable Country Zιρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHEELER, AARON Street Address (P.O. Box Number is Not Acceptable) 3030 ORANGE TREE DR. **EDGEWATER FL 32141** Zip Coda 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 & epipicania (NOTE Registered Agent signature required when reinstating) CATE FILE NOW!!! FEE IS \$160.00 9. Election Campaign Financing \$5.00 May Ba After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. U00000416540 🔲 Change 🔲 Addi'' TITLE PTD Delete HILE WHEELER, AARON NAME NAME 02/13/06-80019-019 150.00 STREET ADDRESS STREET ADDRESS 3030 ORANGE TREE DR. CITY-ST-ZIP EITY-ST-ZIP EDGEWATER FL 32141 T553.E VSD ☐ Detete THE Change Addition WHEELER, KAREN NAME STREET ADDRESS STREET ADDRESS 3030 ORANGE TREE DR. City-St-ZiP EDGEWATER FL 32141 CITY-S5-Z3P 🗀 Спанув 🐩 🗀 Аволи. Delete TITLE TITLE NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Channe Addin. 🔲 Delele TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change America Delete 7171.E TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Adignos Delete 7010€ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 path, 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:

1-31-06

386-56L-0819