

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000036681

**Entity Name:** C DOOLEYS INSTALLATION SERVICES INC

**Current Principal Place of Business:**

4605 VALERIE PL.  
LUTZ, FL 33558

**FILED**  
**Apr 23, 2015**  
**Secretary of State**  
**CC5069899721**

**Current Mailing Address:**

4605 VALERIE PL.  
LUTZ, FL 33558

**FEI Number: 20-0894545**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DOOLEY, CALVIN C  
4605 VALERIE PL.  
LUTZ, FL 33558 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	V
Name	DOOLEY, CALVIN C	Name	DOOLEY, CONNIE
Address	4605 VALERIE PL.	Address	4605 VALERIE PL.
City-State-Zip:	LUTZ FL 33558	City-State-Zip:	LUTZ FL 33558

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: CALVIN DOOLEY**

**PRESIDENT**

**04/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date