

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000091769

**Entity Name:** PHILCO'S INSTALLATION, INC.

**FILED  
Apr 26, 2017  
Secretary of State  
CC4189465006**

**Current Principal Place of Business:**

1560 SAWGRASS CORPORATE PARKWAY  
4TH FLOOR  
FORT LAUDERDALE, FL 33323

**Current Mailing Address:**

1560 SAWGRASS CORPORATE PARKWAY  
4TH FLOOR  
FORT LAUDERDALE, FL 33323

**FEI Number: 61-1724508**

**Certificate of Status Desired: No**

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

WATERVAL, PHIL K  
13964 N CYPRESS COVE CIR  
DAVIE, FL 33325 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  
Name WATERVAL, PHIL K  
Address 13964 N CYPRESS COVE CIRCLE  
City-State-Zip: DAVIE FL 33325

Title VP  
Name WATERVAL, MONIQUE P  
Address 13964 N CYPRESS COVE CIRCLE  
City-State-Zip: DAVIE FL 33325

Title S.  
Name SHRIEMISSIER, PRIYA  
Address 13964 N CYPRESS COVE CIRCLE  
City-State-Zip: DAVIE FL 33325

*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: PHIL WATERVAL**

**PRESIDENT**

**04/26/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date