


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # K34271

1. *Entity Name*
GARLAND'S INSTALLATION SERVICES, INC.



<i>Principal Place of Business</i> C/O THOMAS W. GARLAND 12205 ORCHID LANE THONOTOSASSA, FL 33592	<i>Mailing Address</i> C/O THOMAS W. GARLAND 12205 ORCHID LANE THONOTOSASSA, FL 33592
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04292005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2911450	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. *Name and Address of Current Registered Agent*

GARLAND, THOMAS W.
 12205 ORCHID LANE
 THONOTOSASSA, FL 33592

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARLAND, THOMAS W. 12205 ORCHID LANE THONOTOSASSA, FL 33592
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GARLAND, JENNIFER 12205 ORCHID LANE THONOTOSASSA, FL 33592
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARLAND, JOSHUA T 12409 KELLY PLACE THONOTOSASSA, FL 33592
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/05/05-80070-008 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 receiver or trustee empowered to execute this report as required by Chapter 807, 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: Jennifer Garland **JENNIFER GARLAND** 4-29-05 813 986-1656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #