


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # K34271**  
 1. Entity Name  
**GARLAND'S INSTALLATION SERVICES, INC.**



Principal Place of Business <b>C/O THOMAS W. GARLAND          12205 ORCHID LANE          THONOTOSASSA, FL 33592</b>	Mailing Address <b>C/O THOMAS W. GARLAND          12205 ORCHID LANE          THONOTOSASSA, FL 33592</b>
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**DO NOT WRITE IN THIS SPACE**



04212007 No Chg-P CR2E034 (11/05)

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

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 12408 KELLY PLACE THONOTOSASSA, FL 33592
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 05/03/07-80048-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Thomas W. Garland* *Jennifer Garland* 4/21/07 813 98-1656  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #