

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 20, 2005 8:00 am
Secretary of State

06-20-2005 90165 014 ****55.00

DOCUMENT # L03000046241

1. Entity Name
PROFESSIONAL INSTALLATION, LLC



Principal Place of Business

**145 BREWER CIRCLE
MARY ESTHER, FL 32569**

Mailing Address

**145 BREWER CIRCLE
MARY ESTHER, FL 32569**

20060410



05242005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-5444148

Applied For
Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FORCIER, REBECCA S
145 BREWER CIRCLE
MARY ESTHER, FL 32569**

**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

Rebecca S. Forcier

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

6/10/05

DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
FORCIER, THOMAS M
145 BREWER CIRCLE
MARY ESTHER, FL 32569**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Rebecca S. Forcier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

6/10/05

Date

8502432204

Daytime Phone #