

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90309 034 ***158.75

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1. Entity Name

INSTALLATIONS UNLIMITED, INC.



Principal Place of Business

1302 N. 31ST RD
HOLLYWOOD FL 33021

Mailing Address

1302 N. 31ST RD
HOLLYWOOD FL 33021

2. Principal Place of Business

2205 Coronet St.
Suite, Apt. #, etc.

3. Mailing Address

2205 Coronet St.
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Ft. Myers, Florida
Zip 33907 Country U.S.A.

City & State

Ft. Myers, Florida
Zip 33907 Country U.S.A.

4. FEI Number

65-0988901

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COTTNER, NEIL
1302 N. 32ST RD
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2205 Coronet St.

City

Ft. Myers,

FL

Zip Code

33907

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

DEBORAH A. COTTRELL

Deborah A. Cottrell

4/26/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME COTTRELL, NEIL L
STREET ADDRESS 2630 RODMAN STREET
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE V
NAME COTTRELL, DEBORAH
STREET ADDRESS 1302 N 31ST RD
CITY-ST-ZIP HOMESTEAD FL-33-0321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

DEBORAH A COTTRELL

Deborah Cottrell

4/26/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239-3807