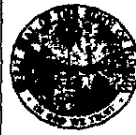


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # P00000038444	
1. Entity Name DIVISION 10 INSTALLATION & SALES, INC.	
Principal Place of Business 1015 NE 32ND TERRACE OCALA, FL 34470	Mailing Address POST OFFICE BOX 4618 OCALA, FL 34478-7800



DO NOT WRITE IN THIS SPACE

04212005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3646706	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FREEMAN, JR., CARLTON R
1015 NE 32ND TERRACE
OCALA, FL 34470

**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

Signature: Typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when registering)

4/28/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME FREEMAN, JR., CARLTON R
STREET ADDRESS 1015 NE 32ND TERRACE
CITY-ST ZIP OCALA, FL 34470

TITLE VP
NAME FREEMAN, SONJA C
STREET ADDRESS 1015 NE 32ND TERRACE
CITY-ST ZIP OCALA, FL 34470

TITLE S
NAME FREEMAN, SONJA C
STREET ADDRESS 1015 NE 32ND TERRACE
CITY-ST ZIP OCALA, FL 34470

TITLE T
NAME FREEMAN, CARLTON R JR
STREET ADDRESS 1015 NE 32ND TERRACE
CITY-ST ZIP OCALA, FL 34470

TITLE
NAME
STREET ADDRESS
CITY-ST ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST ZIP

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05/03/05-80124-004 150.00

**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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, when all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05

Date

(352) 401-0562

Daytime Phone #