


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000038444 1. Entity Name DIVISION 10 INSTALLATION & SALES, INC.	
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Principal Place of Business 1015 NE 32ND TERRACE OCALA, FL 34470	Mailing Address POST OFFICE BOX 4618 OCALA, FL 34478-7800
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DO NOT WRITE IN THIS SPACE



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3646706	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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:  DATE: **4.30.08**
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	P FREEMAN, JR., CARLTON R 1015 NE 32ND TERRACE OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FREEMAN, SONJA C 1015 NE 32ND TERRACE OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FREEMAN, SONJA C 1015 NE 32ND TERRACE OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FREEMAN, CARLTON R JR 1015 NE 32ND TERRACE OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/28/08-80002-023 150.00

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:  DATE: **4.30.08** DAYTIME PHONE: **(352) 461-0562**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR