

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000061428

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: INSTALLATION BY TOM DRISCOLL, INC.

## Current Principal Place of Business:

5341 HICKORY WOOD DR  
NAPLES, FL 34119

## New Principal Place of Business:

1638 SYLVAN CIRCLE  
LAKE PLACID, FL 33852

## Current Mailing Address:

5341 HICKORY WOOD DR  
NAPLES, FL 34119

## New Mailing Address:

1638 SYLVAN CIRCLE  
LAKE PLACID, FL 33852

FEI Number: 59-3658005

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DRISCOLL, THOMAS J  
5341 HICKORY WOOD DR  
NAPLES, FL 34119 US

## Name and Address of New Registered Agent:

DRISCOLL, THOMAS J  
1638 SYLVAN CIRCLE  
LAKE PLACID, FL 33852 US

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.

SIGNATURE:

04/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: DRISCOLL, THOMAS J  
Address: 5341 HICKORY WOOD DR  
City-St-Zip: NAPLES, FL 34119

Title: SD ( ) Delete  
Name: DRISCOLL, ADRIANA  
Address: 5341 HICKORY WOOD DR  
City-St-Zip: NAPLES, FL 34119

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: DRISCOLL, THOMAS J  
Address: 1638 SYLVAN CIRCLE  
City-St-Zip: LAKE PLACID, FL 33852

Title: SD (X) Change ( ) Addition  
Name: DRISCOLL, ADRIANA  
Address: 1638 SYLVAN CIRCLE  
City-St-Zip: LAKE PLACID, FL 33852

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADRIANA DRISCOLL

SD

04/27/2006

Electronic Signature of Signing Officer or Director

Date