

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000072502

1. Entity Name
GREAT INSTALLATIONS, INC.



Principal Place of Business
12840 COUNTRY GLEN DRIVE
COOPER CITY, FL 33330

Mailing Address
12840 COUNTRY GLEN DRIVE
COOPER CITY, FL 33330



01292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1029589	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRENZ, BRAD J
12840 COUNTRY GLEN DRIVE
COOPER CITY, FL 33330

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000616859
02/07/07-80048-005 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KRENZ, BRAD J
STREET ADDRESS	12840 COUNTRY GLEN DRIVE
CITY-ST-ZIP	COOPER CITY, FL 33330

TITLE	SVTD
NAME	KRENZ, RASHEL G
STREET ADDRESS	12840 COUNTRY GLEN DRIVE
CITY-ST-ZIP	COOPER CITY, FL 33330

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-07 (305)298-1764

Date

Daytime Phone #