

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000084444

**FILED**  
**Jan 18, 2011**  
**Secretary of State**

**Entity Name:** PRO IMAGE INSTALLERS, INC.

**Current Principal Place of Business:**

1970 HWY 87  
SUITE 101  
NAVARRE, FL 32566

**New Principal Place of Business:**

**Current Mailing Address:**

1970 HWY 87  
SUITE 101  
NAVARRE, FL 32566

**New Mailing Address:**

**FEI Number:** 59-3672096

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HODGE, TAMI K  
2209 ORION LAKE DR.  
NAVARRE, FL 32566 US

**Name and Address of New Registered Agent:**

SHEEKLEY, LESLIE D  
348 MIRACLE STRIP PARKWAY  
SUITE 7  
FT. WALTON BEACH, FL 32548 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:** LESLIE SHEEKLEY

01/18/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PS  
**Name:** HODGE, TAMI K  
**Address:** 2209 ORION LAKE DR.  
**City-St-Zip:** NAVARRE, FL 32566

**Title:** V  
**Name:** HODGE, DOUGLAS P JR.  
**Address:** 2209 ORION LAKE DR.  
**City-St-Zip:** NAVARRE, FL 32566

I hereby 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 all other like empowered.

**SIGNATURE:** TAMI K. HODGE

PRES

01/18/2011

Electronic Signature of Signing Officer or Director

Date