## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT # P00000115278

1. Entity Name CAYMAN NATIONAL MANUFACTURING AND

Principal Place of Business

INSTALLATION, INC.

1301 SW 34TH AVENUE DEERFIELD BEACH, FL 33442 Mailing Address

1301 SW 34TH AVENUE DEERFIELD BEACH, FL 33442

#### FILED Sep 06, 2005 08:00 AM Secretary of State



#### DO NOT WRITE IN THIS SPACE

08312005 No Chg-P CR2E034 (10/03)

|                                  | <br>              |                |
|----------------------------------|-------------------|----------------|
| 4. FEI Number                    |                   | Applied For    |
| 65-1075757                       |                   | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional |                |

6. Name and Address of Current Registered Agent

FERGUSON, DONALD H 6105 NW 71ST TERRACE PARKLAND, FL 33067

SIGNATURE:

# DO NOT WRITE IN THIS SPACE

|  | enamed entity submits this statement for the plants of registered agent.   | purpose of changing its registere   | d office or r                            | egistered agent, or bo  | th, in the State of Florida. I am familiar with, and accept  |
|--|--|---|--|---|--|
| SIGNATURE.                                   | Signature, typed or printed name of registered agont and like  | if applicable, (NOTE Registered   | Agent signature                          | required when reinstating)  | DATE   |
|  | LE NOW!!! FEE IS \$550.00<br>ue by September 7, 2005   | Election Campaign Finant<br>Trust Fund Contribution.  | cing                                     | \$5.00 May Be<br>Added to Fees  |  |
| 10.  | OFFICERS AND DIREC   | CTORS   |  |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP        | D<br>FERGUSON, DONALD H<br>6105 NW 71ST TERRACE<br>PARKLAND, FL 33067  |   |  |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP        |  |   |  |   | 000000377737<br>09/07/05-80018-006 550.00  |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP        |  |   | :  | DO  | NOT WRITE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP        |  |   |  | IN .  | THIS SPACE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP        |  |   |  |   |  |
| THILE NAME STREET ADDRESS CITY-ST-ZIP        |  |   |  |   |  |
| 12. I hereby of indicated of the corchanged. | certify that the information supplied with this fi<br>on this report or supplemental report is true a<br>reportation or the resolver or trustee empowere<br>or on an attachment with an address. | ling with not qualify for the exen<br>and account and that my signate<br>to execute this report as require<br>the tike empowered. | nption stated<br>are shall haved by Chap | d in Section 119.07(3)<br>te the same legal effet<br>ter 607, Florida Statute | (i), Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or directories, and that my name appears in Block 10 or Block 11 if |

SIGNING OFFICER OR DIRECTOR