

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000035738**

1. Entity Name  
**STEVE PRICE INSTALLS, INC.**



Principal Place of Business  
**4004 COLEMAN ROAD  
VENICE, FL 34293**

Mailing Address  
**4004 COLEMAN ROAD  
VENICE, FL 34293**



04072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1093149**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**PRICE, STEVE  
4004 COLEMAN ROAD  
VENICE, FL 34293**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	PRICE, STEVE A
STREET ADDRESS	4004 COLEMAN ROAD
CITY-ST-ZIP	VENICE, FL 34293
TITLE	STD
NAME	PRICE, VICKI E
STREET ADDRESS	4004 COLEMAN ROAD
CITY-ST-ZIP	VENICE, FL 34293
TITLE	VD
NAME	PRICE, JASON LEE
STREET ADDRESS	4004 COLEMAN ROAD
CITY-ST-ZIP	VENICE, FL 34293
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000891371  
04/23/08-80022-018 150.00

**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:** *Steve Price* **STEVE A PRICE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-8-08**

Date

**941 493-7497**

Daytime Phone #