



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000052053</b> 1. Entity Name PORTERHOUSE INSTALLATIONS, INC.		
Principal Place of Business 7242 ALAFIA RIDGE LOOP RIVERVIEW, FL 33569	Mailing Address 7242 ALAFIA RIDGE LOOP RIVERVIEW, FL 33569	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  RIVERVIEW TAX & MORTGAGE INC 7039 US HWY 301 SOUTH RIVERVIEW, FL 33569		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	11000003550726 05/13/06-80073-001 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PORTER, KEVIN 7242 ALAFIA RIDGE LOOP RIVERVIEW, FL 33569	
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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		



02282006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3718573

Applied For  
Not Applicable

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

11000003550726  
05/13/06-80073-001 150.00

**DO NOT WRITE  
IN THIS SPACE**