2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## Apr 28, 2004 8:00 am Secretary of State DOCUMENT # P01000059599 1. Entity Name 04-28-2004 90297 015 \*\*\*150.00 MIKE DROUIN INSTALLATIONS, INC. Principal Place of Business Mailing Address 3512 SW 6TH STREET 3512 SW 6TH STREET CAPE CORAL FL 33991 CAPE CORAL FL 33991 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State 4. FEI Number City & State Applied For 65-1111246 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DROUIN, MICHEL M Street Address (P.O. Box Number is Not Acceptable) 3512 SW 6TH STREET CAPE CORAL FL 33991 City Zip Code 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. 4-25-04 ed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition NAME DROUIN, MICHEL M NAME STREET ADDRESS 3512 SW 6TH STREET STREET ADDRESS CiTY-ST-ZIP CAPE CORAL FL 33991 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition DROUIN, MICHEL M PRES NAME NAME STREET ADDRESS 3512 SW 6TH ST STREET ADDRESS CAPE CORAL FL 33991 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE VΡ TITI E ☐ Change ☐ Addition NAME DROUIN, MICHEL M VP NAME STREET ADDRESS STREET ADDRESS 3512 SW 6TH ST CAPE CORAL FL 33991 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition DROUIN, MICHEL M PRES NAME STREET ADDRESS 3512 SW 6TH ST STREET ADDRESS CAPE CORAL FL 33991 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition DROUIN, MICHEL M VP NAME 3512 SW 6TH ST STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33991 CITY-ST-ZIP CITY-ST-ZIP SEC Delete TITLE Change ☐ Addition DROUIN, ELIZABETH A SECRETA NAME NAME 3512 SW 6TH ST STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33991

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**