


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 22, 2005 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P01000059599 |  |
| 1. Entity Name MIKE DROUIN INSTALLATIONS, INC. | |

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|---|---|
| Principal Place of Business 3512 SW 6TH STREET CAPE CORAL, FL 33991 | Mailing Address 3512 SW 6TH STREET CAPE CORAL, FL 33991 |
|---|---|



03312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 65-1111246 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent DROUIN, MICHEL M 3512 SW 6TH STREET CAPE CORAL, FL 33991 |
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**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U000000323325
04/22/05-80046-023 150.00**

| 10. OFFICERS AND DIRECTORS | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | D DROUIN, MICHEL M 3512 SW 6TH STREET CAPE CORAL, FL 33991 |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | P DROUIN, MICHEL M PRES 3512 SW 6TH ST CAPE CORAL, FL 33991 |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | P DROUIN, MICHEL M PRES 3512 SW 6TH ST CAPE CORAL, FL 33991 |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | SEC DROUIN, ELIZABETH A SECRETA 3512 SW 6TH ST CAPE CORAL, FL 33991 |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | |

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IN THIS SPACE**

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

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-05 239-671-3225
Date Daytime Phone #

Michel M. Drouin President