

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AK)

FILED
May 05, 2004 8:00 am
Secretary of State

04-19-2004 90414 022 ***150.00

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DOCUMENT # P01000094320 1. Entity Name MADD DOGS INSTALLATION INC.					
Principal Place of Business 11420 FORTUNE CIRCLE, SUITE I-37 WELLINGTON FL 33414				Mailing Address 11420 FORTUNE CIRCLE, SUITE I-37 WELLINGTON FL 33414	
2. Principal Place of Business 11540 TURNSTONE DR. Suite, Apt. #, etc.		3. Mailing Address PO Box 327 Suite, Apt. #, etc.			
City & State WELLINGTON FL. Zip 33414		City & State LOXAHATCHEE FL. Zip 33470		4. FEI Number 65-3336705	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCLURE, TIMOTHY P 11540 TURNSTONE DR WELLINGTON FL 33414				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. SIGNATURE <u><i>Timothy P. McClure</i></u> DATE <u>4/17/04</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP MCCLURE, TIMOTHY P 11540 TURNSTONE DR WELLINGTON FL 33414 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP PURNELL, MARK 1385 WHITE PINE DR WELLINGTON FL 33414 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP ANCHILA, PEDRO 57 RAMBY DR LANTANA FL 33482 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Timothy P. McClure</i></u> CEO <u>May 1, 2004</u> <u>561-385-9132</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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MOORE CR2E034 (11/03)