

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90019 029 ***150.00

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1. Entity Name
DIVISION 7 INSTALLERS OF FLORIDA, INC.



Principal Place of Business
**4631 35TH STREET.
ORLANDO, FL 32811-6522**

Mailing Address
**4631 35TH STREET
ORLANDO, FL 32811-6522**

50032972



2. Principal Place of Business
19976 Independence Blvd
Suite, Apt. #, etc.

3. Mailing Address
19976 Independence Blvd
Suite, Apt. #, etc.

01262005 Chg-P CR2E034 (10/03)

City & State
Groveland, Florida
Zip **34736** Country **USA**

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Groveland, Florida
Zip **34736** Country **USA**

4. FEI Number
59-3754737
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**POOLE, WILLIAM F IV ESQ
195 WEKIVA SPRINGS RD, STE 204
LONGWOOD, FL 32779**

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

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**

10. OFFICERS AND DIRECTORS

TITLE
NAME **D** ☐ Delete
STREET ADDRESS **HOLT, DEWITT**
CITY-ST-ZIP **5533 FORCE FOUR PKWY
ORLANDO, FL 32839**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
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CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **HOLT, DEWITT III**
STREET ADDRESS **19976 Independence Blvd.**
CITY-ST-ZIP **Groveland, FL 34736**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

407
1/27/00 **4666290**