2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2004 8:00 am
Secretary of State
02-06-2004 90014 021 ***150.00

DOCUMENT # P02000004385

1. Entity Name
J.V. INSTALLATIONS CORP.

664U2567

MOORE CR2E034 (11/03)

Principal Place of Business	Mailing Address
2699 FORTSYTH ROAD 117 ORLANDO FL 32807	2699 FORTSYTH ROAD 117 ORLANDO FL 32807
2. Principal Place of Business: 1310 W. Central Blvd Suite, Apt. #, etc.	3. Mailing Address: 1310 W. Central. Blvd Suite, Apt. #, etc.
City & State: Orlando. Fl	City & State: Orlando Fl
Zip: 32805 Country: Orange	Zip: Fl 32805 Country: Orange

4. FEI Number 80-0021765 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

VARGAS, JAMES
2699 FORTSYTH ROAD
117
ORLANDO FL 32807

New address →

7. Name and Address of New Registered Agent

Name: James Vargas
Street Address (P.O. Box Number is Not Acceptable): 1310 W. Central Blvd
City: Orlando FL Zip Code: 32805

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: James Vargas — 2-20-04
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, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D VARGAS, JAMES 2699 FORTSYTH ROAD ORLANDO FL 32807 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: James Vargas — 02-17-04 — 407-948-6561.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #