

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000057316

1. Entity Name

C E INSTALLATIONS, INC.



Principal Place of Business

9604 KIRK HILL COURT
TAMPA FL 33615-2590

Mailing Address

9604 KIRK HILL COURT
TAMPA FL 33615-2590

2. Principal Place of Business

Suite, Apt. #, etc

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc

City & State

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

01-0723086

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, MICHEL
9604 KIRK HILL COURT
TAMPA FL 33615-2590

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, 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

TITLE NAME PT
NAME PEREZ, MICHEL
STREET ADDRESS 9604 KIRK HILL COURT
CITY - ST - ZIP TAMPA FL 33615-2590

☐ Delete

TITLE NAME VS
NAME PEREZ, MICHEL
STREET ADDRESS 9604 KIRK HILL COURT
CITY - ST - ZIP TAMPA FL 33615-2590

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TITLE NAME
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

00000068360
02/27/04-80038-007 150.00

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

Michel Perez

02/22/04

613 299-9920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #