

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000093210

FILED
Aug 11, 2004
Secretary of State

Entity Name: TOM WHALLEY'S INSTALLATIONS R' US, INC.

Current Principal Place of Business:

186 175TH TERRACE DRIVE
REDINGTON, FL 33708

New Principal Place of Business:

4785 58TH AVE N
ST PETE, FL 33714

Current Mailing Address:

186 175TH TERRACE DRIVE
REDINGTON, FL 33708

New Mailing Address:

4785 58TH AVE N
ST PETE, FL 33714

FEI Number: 20-0001199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHALLEY, TOM
186 175TH TERRACE DRIVE
REDINGTON, FL 33708 US

Name and Address of New Registered Agent:

WHALLEY, TOM
4785 58TH AVE N
ST PETE, FL 33714 US

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.

SIGNATURE: TOM WHALLEY

08/11/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: WHALLEY, TOM
Address: 186 175TH TERRACE DRIVE
City-St-Zip: REDINGTON, FL 33708

Title: SECR () Delete
Name: CALHOUN, RYAN
Address: 8305 COLUMN CIR
City-St-Zip: SEMINOLE, FL 33772

Title: TRES () Delete
Name: SCHRIEBER, DAVE
Address: 2937 163RD AVE N
City-St-Zip: CLEARWATER, FL 33760

Title: OFF (X) Delete
Name: DONALD, LARRY
Address: 186 175TH TERRACE DRIVE
City-St-Zip: REDINGTON, FL 33708

Title: OFF (X) Delete
Name: MILLER, CHARLIE
Address: 186 175TH TERRACE DRIVE
City-St-Zip: REDINGTON, FL 33708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: WHALLEY, TOM
Address: 4785 58TH AVE N
City-St-Zip: ST PETE, FL 33714

Title: SECR (X) Change () Addition
Name: NOWLIN, KYLE
Address: 4785 58TH AVE N
City-St-Zip: ST PETE FL, FL 33714

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM WHALLEY

OFFI

08/11/2004

Electronic Signature of Signing Officer or Director

Date