

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000093210

FILED  
Feb 27, 2007  
Secretary of State

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

**Current Principal Place of Business:**

4785 58TH AVE N  
ST PETE, FL 33714

**New Principal Place of Business:**

**Current Mailing Address:**

4785 58TH AVE N  
ST PETE, FL 33714

**New Mailing Address:**

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  
4785 58TH AVE N  
ST PETE, FL 33714 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

Title: SECR ( ) Delete  
Name: TAYLOR, DARINA  
Address: 4785 58TH AVE N  
City-St-Zip: ST PETE FL, FL 33714

Title: TRES ( ) Delete  
Name: CALHOUN, CHRISTOPHER  
Address: 4785 58TH AVE N  
City-St-Zip: ST PETE FL, FL 33714

Title: PRES ( ) Delete  
Name: KLEM, SANDRA J  
Address: 4785 58TH AVE N  
City-St-Zip: ST PETE FL, FL 33714

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

Title: VPRES ( ) Change (X) Addition  
Name: KLEM, HAROLD T V, PRES  
Address: 4785 58TH AVE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33714

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

CEO

02/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date