2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000016160

City-St-Zip:

LEESBURG, FL 34788 US

Entity Name: SUPERIOR INSTALLATION PROFESSIONALS INC.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 36727 EMERALDA ISLAND RD. LEESBURG, FL 34788 US **Current Mailing Address: New Mailing Address:** 36727 EMERALDA ISLAND RD. LEESBURG, FL 34788 FEI Number: 13-4240190 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GWALTNEY, LINDA L 35727 EMERALDA ISLAND RD. LEESBURG, FL 34788 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition MYERS, LEE JR. GWALTNEY, LINDA L Name: Name: 2547 MARION COUNTY RD. 36727 EMERALDA ISLAND ROAD Address: Address: City-St-Zip: WEIRSDALE, FL 32195 US City-St-Zip: LEESBURG, FL 34788 US Title: VΡ Title: () Delete () Change () Addition GWALTNEY, TIM M Name: Name: 36727 EMERALDA ISLAND RD. Address: Address: LEESBURG, FL 34788 US City-St-Zip: City-St-Zip: Title: Title: SEC (X) Delete () Change () Addition MYERS, ROSE Name: Name: 5452 GROVE MANOR Address: Address: City-St-Zip: LADY LAKE, FL 32159 US City-St-Zip: Title: TRES () Delete Title: () Change () Addition GWALTNEY, LÍNDA L Name: Name: Address: 36727 EMERALDA ISLAND RD. Address:

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.

City-St-Zip:

SIGNATURE: LINDA GWALTNEY PRES 04/30/2004