


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90011 002 ***150.00

DOCUMENT # P03000016160	
1. Entity Name SUPERIOR INSTALLATION PROFESSIONALS INC.	

Principal Place of Business 36727 EMERALDA ISLAND RD. LEESBURG, FL 34788 US	Mailing Address 36727 EMERALDA ISLAND RD. LEESBURG, FL 34788 US
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50002798



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01072005 Chg-P CR2E034 (10/03)

4. FEI Number 13-4240190		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GWALTNEY, LINDA L 35727 EMERALDA ISLAND RD. LEESBURG, FL 34788		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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 P	GWALTNEY, LINDA L <input type="checkbox"/> Delete	TITLE Director/Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME GWALTNEY, LINDA L		NAME Anthony J Padilla	
STREET ADDRESS 36727 EMERALDA ISLAND ROAD		STREET ADDRESS 34137 Lee Avenue	
CITY-ST-ZIP LEESBURG, FL 34788		CITY-ST-ZIP Leesburg FL 34788	
TITLE VP <input type="checkbox"/> Delete		TITLE VP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME GWALTNEY, TIM M		NAME GWALTNEY, TIM M	
STREET ADDRESS 36727 EMERALDA ISLAND RD.		STREET ADDRESS 36727 EMERALDA ISLAND RD.	
CITY-ST-ZIP LEESBURG, FL 34788		CITY-ST-ZIP LEESBURG, FL 34788	
TITLE TRES <input checked="" type="checkbox"/> Delete		TITLE TRES <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME GWALTNEY, LINDA L		NAME GWALTNEY, LINDA L	
STREET ADDRESS 36727 EMERALDA ISLAND RD.		STREET ADDRESS 36727 EMERALDA ISLAND RD.	
CITY-ST-ZIP LEESBURG, FL 34788		CITY-ST-ZIP LEESBURG, FL 34788	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	

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: *Linda L. Gwaltney* 1-7-05 352-728-2104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #