

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 08:00 AM
Secretary of State

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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01162006 No Chg-P CR2E034 (11/05)

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GWALTNEY, LINDA L 35727 EMERALDA ISLAND RD. LEESBURG, FL 34788
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DO NOT WRITE IN THIS SPACE

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: *Linda Gwaltney* *Linda Gwaltney* *1-27-06*
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, 2006 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	NAME GWALTNEY, LINDA L STREET ADDRESS 36727 EMERALDA ISLAND ROAD CITY-ST-ZIP LEESBURG, FL 34788
TITLE VP	NAME GWALTNEY, TIM M STREET ADDRESS 36727 EMERALDA ISLAND RD. CITY-ST-ZIP LEESBURG, FL 34788
TITLE TRES	NAME GWALTNEY, LINDA L STREET ADDRESS 36727 EMERALDA ISLAND RD. CITY-ST-ZIP LEESBURG, FL 34788
TITLE D	NAME PADILLA, ANTHONY J STREET ADDRESS 34137 LEE AVENUE CITY-ST-ZIP LEESBURG, FL 34788
TITLE 	NAME STREET ADDRESS CITY-ST-ZIP
TITLE 	NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Tim Gwaltney* *Tim Gwaltney* *1-27-06* *(352) 728-2104*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #