

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000016160

1. Entity Name
SUPERIOR INSTALLATION PROFESSIONALS INC.



FILED
07 JUN -4 AM 9:27
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

36628 ORANGE STREET **33848 VALENCIA DR.**
LEESBURG, FL 34788 US **LEESBURG, FL 34788 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

36727 Emerald Island Rd **36727 Emerald Island Rd**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Leesburg, FL **Leesburg, FL**

Zip Country Zip Country

34788 **USA** **34788** **USA**



05292007 Chg-P CR2E034 (12/08)

8. Name and Address of Current Registered Agent

GWALTNEY, TIM M
33848 VALENCIA DR.
LEESBURG, FL 34788

4. FEI Number Applied For

13-4240190 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name **Linda S LaRue**

Street Address (P.O. Box Number is Not Acceptable)

36727 Emerald Island Rd

City State Zip Code

Leesburg **FL** **34788**

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 S. LaRue* DATE: **5-30-07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GWALTNEY, TIM M	
STREET ADDRESS	33848 VALENCIA DR.	
CITY - ST - ZIP	LEESBURG, FL 34788	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GWALTNEY, TIM M	
STREET ADDRESS	36727 EMERALDA ISLAND RD.	
CITY - ST - ZIP	LEESBURG, FL 34788	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GRAVES, PENNY A	
STREET ADDRESS	33848 VALENCIA DR.	
CITY - ST - ZIP	LEESBURG, FL 34788	
TITLE		<input type="checkbox"/> Delete
NAME	<i>M 6/7</i>	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LaRue, Linda S	
STREET ADDRESS	36727 Emerald Island Rd	
CITY - ST - ZIP	Leesburg, FL 34788	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LaRue, Linda S	
STREET ADDRESS	36727 Emerald Island Rd	
CITY - ST - ZIP	Leesburg, FL 34788	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LaRue, Linda S	
STREET ADDRESS	36727 Emerald Island Rd	
CITY - ST - ZIP	Leesburg, FL 34788	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	500104256065	
CITY - ST - ZIP	06712/07--01014--010 **\$1.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: *Linda S. LaRue* DATE: **5-30-07** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #