

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90097 001 ***150.00

DOCUMENT # P03000083169

1. Entity Name
COUNTYWIDE INSTALLATION INC.



Principal Place of Business

3230 BISCAYNE DRIVE
MERRITT ISLAND, FL 32953

4505 PAPAYA ST
COCOA FL 32926

Mailing Address

3230 BISCAYNE DRIVE
MERRITT ISLAND, FL 32953

4505 PAPAYA ST
COCOA FL 32926

50050150



04142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0578276

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELLIS-TUCKER, PAUL
3230 BISCAYNE DRIVE
MERRITT ISLAND, FL 32953
4505 PAPAYA ST
COCOA, FL 32926

**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

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
DIESNER, DANE
617 EVERGREEN ST.
PALM BAY, FL 32907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
DIESNER, DANE
617 EVERGREEN ST.
PALM BAY, FL 32907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
WITT, CHRISTOPHER
1530 ALBERNI ST.
PALM BAY, FL 32907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
ELLIS-TUCKER, PAUL
4505 PAPAYA ST
COCOA FL 32926

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/05

Date

Daytime Phone #