

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 06, 2006 8:00 am
Secretary of State

06-06-2006 90015 012 ***150.00

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1. Entity Name
COUNTYWIDE INSTALLATION INC.



Principal Place of Business

4505 PAPAYA STREET
COCOA, FL 32926

Mailing Address

4505 PAPAYA STREET
COCOA, FL 32926

50021139



06012006 No Chg-P CR2E034 (11/05)

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
4505 PAPAYA STREET
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
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	DIESNER, DANE
STREET ADDRESS	617 EVERGREEN ST.
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	P
NAME	ELLIS-TUCKER, PAUL
STREET ADDRESS	4505 PAPAYA STREET
CITY-ST-ZIP	COCOA, FL 32926
TITLE	S
NAME	STEPHEN WINTER
STREET ADDRESS	572 AVONDALE RD
CITY-ST-ZIP	PALM BAY FL 32907
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-06

Date

Daytime Phone #