

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P03000086713

1. Entity Name  
ACCOMPLISHED INSTALLATIONS, INC.



**FILED**  
**Aug 19, 2005 8:00 am**  
**Secretary of State**

08-19-2005 90008 016 \*\*\*150.00

Principal Place of Business  
11026 DARTMOUTH PLACE  
PANAMA CITY, FL 32404 US

Mailing Address  
11026 DARTMOUTH PLACE  
PANAMA CITY, FL 32404 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07252005

Chg-P

CR2E034 (10/03)

4. FEI Number  
36-4536368

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, CRISTIE  
11026 DARTMOUTH PLACE  
PANAMA CITY, FL 32404

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005

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	PRES TAYLOR, CRISTIE 11026 DARTMOUTH PLACE PANAMA CITY, FL 32404	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EVANS, MORRIS 11026 DARTMOUTH PLACE PANAMA CITY, FL 32404	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Cristie Taylor Cristie Taylor (President) 7/31/05 850-722-6368  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2/31/05

ATTACHMENT

50062430 -

Florida Dept of State  
Division of Corporations,

Accomplished Installations Inc.  
11026 Dartmouth Pl  
Panam City FL 32404  
Phone # 850-722-6368  
FEI # 36-4536368

Never received This form from  
your office, my accountant refered  
to this report last week and  
I was at a loss. He down  
loaded it for me and am  
sending immidiately to you.  
Please accept the \$50<sup>00</sup> normal  
fee. Please send the form  
to the above address (as I  
do not have a working computer  
next year to avoid any confusion  
on my behalf. As we could not  
afford the accessive fine.

Sincerely  
Justin Day  
President ACD