2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000093231

3124 HYDER AVE.

DELTONA, FL 32738

Address:

City-St-Zip:

Entity Name: K. WILSON INSTALLATIONS, INC

FILED May 01, 2007 Secretary of State

Entity Na	me: K. VVILS	ON INSTALLATIONS, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
P.O. BOX 391346 DELTONA, FL 32739				3101 N COVINGTON DR DELTONA, FL 32738	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P.O. BOX DELTONA	391346 A, FL 32739				
FEI Number	: 13-4262563	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
773 S. KIR SUITE 118 ORLANDO	RKMAN RD, 3 D, FL 32811 l		ourpose of changing its registere	d office or registered agent, or both,	
	e of Florida.	submits this statement for the p	purpose of changing its registere	a office of registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
		93(2)(b), F.S., the corporation did nongerous transfer (a).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PT (WILSON, KAT P.O. BOX 391 DELTONA, FL	346	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VS (WILSON, ALAI P.O. BOX 391 DELTONA, FL	346	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () VERESS. WIL	() Delete I IAM A	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: KATHY WILSON PT 05/01/2007