



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90021 015 \*\*\*150.00

<b>DOCUMENT # P03000099519</b> 1. Entity Name <b>MJM INSTALLS, INC.</b>					
Principal Place of Business <b>5090 HOULE PL SARASOTA, FL 34232 US</b>			Mailing Address <b>5090 HOULE PL SARASOTA, FL 34232 US</b>		
2. Principal Place of Business <b>153 Golf Club Lane</b>		3. Mailing Address <b>153 Golf Club Lane</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01202006    Chg-P    CR2E034 (11/05)	
City & State <b>Venice, FL</b>		City & State <b>Venice, FL</b>		4. FEI Number <b>04-3774922</b>	
Zip <b>34293</b>		Country <b>Sarasota</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HENNEN, MARK D 5090 HOULE PL SARASOTA, FL 34232</b>			7. Name and Address of New Registered Agent Name <b>Mark D. Hennen</b> Street Address (P.O. Box Number is Not Acceptable) <b>153 Golf Club Lane</b> City <b>Venice</b> <b>FL</b> Zip Code <b>34293</b>		
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: <u><i>Mark D. Hennen</i></u> President    DATE: <u>1/24/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENNEN, MARK D 5090 HOULE PLACE SARASOTA, FL 34232	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Hennen, Mark D. 153 Golf Club Lane Venice, FL 34293
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Mark D. Hennen</i></u> Mark D. Hennen    DATE: <u>1/24/06</u> (941)345-3578 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					