2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000100463

1. Entity Name
CHRIS HILL INSTALLATIONS INC.

Principal Place of Business	Mailing Address
2600 NW 69TH AVE	2600 NW 69TH AVE
MARGATE, FL 33063	MARGATE, FL 33063

DO NOT WRITE IN THIS SPACE

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04152008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
02-0707374		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LIVERPOOL, RUTH
9351 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065

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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

4·15·08
DATE

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	HILL, CHRISTOPHER
STREET ADDRESS	2600 NW 69TH AVE
CITY-ST-ZIP	MARGATE, FL 33063

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: _____   4/15/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #