

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90730 013 ***150.00

DOCUMENT # P03000105434

1. Entity Name

B & B INSTALLATION SERVICES, INC.



Principal Place of Business

6100 US 98
SEBRING FL 33876

Mailing Address

6100 US 98
SEBRING FL 33876

2. Principal Place of Business

2910 Memorial Dr.

Suite, Apt. #, etc.

3. Mailing Address

2910 Memorial Dr.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Sebring, FL

Zip
33870

Country
USA

City & State

Sebring, FL

Zip
33870

Country
USA

4. FEI Number

56-2399133

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

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 \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DP
NAME BYERS, BARRY W
STREET ADDRESS 6100 US 98
CITY-ST-ZIP SEBRING FL 33876 ☐ Delete

TITLE DV
NAME BATES, GARY L
STREET ADDRESS 6100 US 98
CITY-ST-ZIP SEBRING FL 33876 ☐ Delete

TITLE DST
NAME BYERS, GLENDA M
STREET ADDRESS 6100 US 98
CITY-ST-ZIP SEBRING FL 33876 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME Byers Barry W
STREET ADDRESS 2910 Memorial Dr.
CITY-ST-ZIP Sebring, FL 33870 ☒ Change ☐ Addition

TITLE DV
NAME Bates Gary L.
STREET ADDRESS 2910 Memorial Dr.
CITY-ST-ZIP Sebring, FL 33870 ☒ Change ☐ Addition

TITLE DST
NAME ~~Glenda M.~~ Byers, Glenda M.
STREET ADDRESS 2910 Memorial Dr.
CITY-ST-ZIP Sebring, FL 33870 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-04

Date

(863)314-0888

Daytime Phone #