

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

02-12-2007 90107 036 ***150.00

DOCUMENT # P03000116989 1. Entity Name CRAIG EDWARDS INSTALLATIONS, INC.					
Principal Place of Business 12894 HAMPTON LAKES CIRCLE BOYNTON BEACH FL 33436			Mailing Address 12894 HAMPTON LAKES CIRCLE BOYNTON BEACH FL 33436		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0318215	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EDWARDS, CRAIG 12894 HAMPTON LAKES CIRCLE BOYNTON BEACH FL 33436			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 <u><i>Craig Edwards</i></u> <u>2-2-07</u> Signature, typed or printed name of registered agent and title - nonexemptible (NOTE: Registered Agent signature required when not applicable) (N/A)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	P EDWARDS, CRAIG 12894 HAMPTON LAKES CIRCLE BOYNTON BEACH FL 33436	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Craig Edwards</i></u> CRAIG EDWARDS <u>2/2/07</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date					

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1st MOORE CR2E034 (10/06)



2-2-07

FL Zip Code

561237-1633