## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED Jun 09, 2004 8:00 am Secretary of State 05-03-2004 91228 027 \*\*\*150.00

DOCUMENT # P03000118078  1. Entity Name LAYED RIGHT INSTALLATIONS INC.								
Principal Place of Business 188 DURRELL CIRCLE WINTER HAVEN, FL 33884		Mailing Address 188 DURRELL CIRCLE WINTER HAVEN, FL 33884		66427427				
2. Principal P	lace of Business	3. Malling Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04282004	Chg-P	CR2E034 (1	10/03)	
City & State		City & State		4. FEI Number	74-311	080		lled For Applicable
Zip	Country	Zip	Country	5. Certificate of	f Status Desired		75 Addit	ional
	6. Name and Address of Current	Registered Agent	Name	7. Name and	Address of New R	egistered Agen	it	
<b>232 NORT</b>	, ALTON W. H MASSACHÜSETTS AVENU D. FL. 33801-4987	JE	Street Address	s (P.O. Box Numbe	r is Not Acceptable	)		
1			City		<del></del>	FL	Zio Code	
The obligat	named entity submits this statement kilons of registered agent.  Spranze, hoed or printed name of registered agent	and life if applicable. (NOT	E: Registered Agent signature requi	red when reinstaling)		, DATE		
After Ma	E NOW!!! FEE IS \$150.00 ny 1, 2004 Fee will be \$550.		tribution.	5.00 May Be dded to Fees				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DP NACARATO, III, FRANK D 188 DURRELL CIRCLE WINTER HAVEN, FL 33884	DIRECTORS  Detete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/	CHANGES TO DEF		Change	iN 11  Addition
NAME STREET ADDRESS CITY-ST-ZIP	DVP NIPPER, DAWN C 188 DURRELL CIRCLE WINTER HAVEN, FL 33884	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE MAME STREET ADDRESS CITY-ST-ZIP	DST NACARATO, JOHN D '528 VICTORIA BOULEVARD AUBURNDALE, FL 33823	☐ Octete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	! !	☐ Delete	THILE NAME STREET ADORESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	Delete	TITLE MAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
of the co	certify that the information supplied will on this report or supplemental report provation or the receiver or trustee empty or on an attachment with an address.	is true and accurate and that powered to execute this repor	my signature shall have th t as required by Chapter (	no camo lonal olion	t as if made under s; and that my nam	oath; that I am a te appears in Bl	an officer	At disorder
SIGNAT	URE: Prante Nac	PRINTED HAME OF EIGHING OFFICE	t on presentation		#-38-		- Ch	
		······································	- ON SEREPION		Otate	Daytin	ne Phone #	