

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 11, 2004 8:00 am
Secretary of State

08-11-2004 90002 025 ***158.75

DOCUMENT # P03000125321

1. Entity Name

INSTALLATION EXPERTS, INC.



Principal Place of Business

5984 FOX HOLLOW DR SE
WINTER HAVEN FL 33884

Mailing Address

5984 FOX HOLLOW DR SE
WINTER HAVEN FL 33884

2. Principal Place of Business

8961 LK MARION Creek Rd

3. Mailing Address

8961 LK MARION Creek Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HAINES City FL

City & State

HAINES City FL

4. FEI Number

55-0853345

Applied For

Not Applicable

Zip

33844

Country

U.S.

Zip

33844

Country

U.S.

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETTY, JAMES A

5984 FOX HOLLOW DR SE
WINTER HAVEN FL 33884

Name

JAMES A PETTY

Street Address (P.O. Box Number is Not Acceptable)

8961 LK MARION Creek Rd

City

HAINES City

FL

Zip Code

33844

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

8-6-04

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete

NAME PETTY, JAMES A
STREET ADDRESS 5984 FOX HOLLOW DR SE
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE V ☒ Delete

NAME PETTY, KIMBERLY A
STREET ADDRESS 5984 FOX HOLLOW DR SE
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 8961 LK MARION Creek Rd
CITY-ST-ZIP HAINES City FL 33844

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

8-6-04