


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 27, 2005 08:00 AM  
Secretary of State**

DOCUMENT # P03000129623

1. Entity Name  
CONTRACT INSTALLATIONS, INC.



Principal Place of Business  
224 HAYMAN  
INTERLACHEN, FL 32148-1001

Mailing Address  
P.O. BOX 1001  
INTERLACHEN, FL 32148-1001



04142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0413425

Applied For  
 Not Applicable

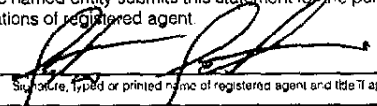
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHNEIDER, STEVEN A  
224 HAYMAN  
INTERLACHEN, FL 32148-1001

**DO NOT WRITE  
IN THIS SPACE**

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:  Steven Schneider President 04-14-05

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

04/27/05-80111-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	SCHNEIDER, STEVEN A
STREET ADDRESS	P.O. BOX 1001
CITY-ST-ZIP	INTERLACHEN, FL 321481001
TITLE	VS
NAME	BOLES, TROY
STREET ADDRESS	P.O. BOX 427
CITY-ST-ZIP	HOLLISTER, FL 32147
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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 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 appropriate empowered.

SIGNATURE:  Steve Schneider President 04-14-05

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