

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 22, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000134995 1. Entity Name DOWN RIGHT INSTALLATIONS, INC.	
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Principal Place of Business 1503 N.E. 158TH STREET STARKE, FL 32091	Mailing Address 1503 N.E. 158TH STREET STARKE, FL 32091
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**DO NOT WRITE IN THIS SPACE**



08012005 No Chg-P CR2E034 (10/03)

4. FEI Number 52-2415559	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 7, 2005**

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

100000376847  
 08/22/05-80005-006 550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDREWS, RONALD 1503 N.E. 158TH STREET STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ANDREWS, JOSEPH G 1503 N.E. 158TH STREET STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HANNA, TONY 1503 N.E. 158TH STREET STARKE, FL 32091
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 other like empowered.

SIGNATURE: Ronald Andrews August 15, 2005 (904) 769-9613  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #