

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000136719

1. Entity Name
F.M.C. INSTALLATIONS, INC



Principal Place of Business
12209 KELLY LANE
THONOTOSASSA, FL 33592

Mailing Address
12209 KELLY LANE
THONOTOSASSA, FL 33592



02282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
73-1687096

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CUBBAGE, CAROL A
12209 KELLY LANE
THONOTOSASSA, FL 33592

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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

Signature, typed or printed name of registered agent and address, if applicable

(NOTE: Registered Agent must be provided when named in 8)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PV
CUBBAGE, FRANK M
12209 KELLY LANE
THONOTOSASSA, FL 33592

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TS
CUBBAGE, CAROL A
12209 KELLY LANE
THONOTOSASSA, FL 33592

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

U000000459012
03/18/06-80011-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Frank M Cubbage FRANK M CUBBAGE 3/5/06 813-986 3948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Carol A Cubbage CAROL A CUBBAGE 3/5/06