


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90221 025 ***150.00

DOCUMENT # P03000137108

1. Entity Name
 HECTOR'S INSTALLATIONS INC.



Principal Place of Business Mailing Address

1155 SE PROCTOR LN PT ST LUCIE, FL 34983 *BYRON* 1155 SE PROCTOR LN PT ST LUCIE, FL 34983

2. Principal Place of Business 3. Mailing Address

174 NW Byron Street 174 NW Byron Street

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Port St. Lucie, FL Port St. Lucie, FL


Zip Country Zip Country

34983 St. Lucie 34983 St. Lucie

04202006 Chg-P CR2E034 (11/05)

4. FEI Number 20-0419034 Applied For Not Applicable

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



6. Name and Address of Current Registered Agent

GARCIA, HECTOR E
 1155 SE PROCTOR LN
 PT ST LUCIE, FL 34983

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, HECTOR E 1155 SE PROCTOR LN PT ST LUCIE, FL 34983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  *4-25-06-772-2012095*

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