2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

NIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

Mar 25, 2005 08:00 AM Secretary of State DOCUMENT # P03000137497 1. Entity Name RICHARD TOOMEY INSTALLATIONS INC. Principal Place of Business Mailing Address 704 CUMMINGS COURT KISSIMMEE FL 34741 704 CUMMINGS COURT KISSIMMEE FL 34741 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 20-0416885 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TOOMEY, RICHARD Street Address (P.O. Box Number is Not Acceptable) 704 CUMMINGS COURT KISSIMMEE FL 34741 Zio Code 3. 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE ane ☐ Addition TOOMEY, RICHARD NAME NAME STREET ADDRESS 704 CUMMINGS COURT SURFEIT ADDRESS KISSIMMEE FL 34741 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE U00000275730 TOOMEY, RICHARD NAME NAME STREET ADDRESS 704 CUMMINGS COURT STREET ADDRESS 03/25/05-80011-022 150.00 KISSIMMEE FL 34741 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TILLE NAME NAME TOOMEY, RICHARD STREET ADDRESS 704 CUMMINGS COURT STREFT ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34741 Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE JULE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY -ST-ZIP 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)(f), 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

FILED