

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90110 040 \*\*\*150.00

DOCUMENT # P03000137678  
 1. Entity Name  
 TIMOTHY CAMPBELL INSTALLATIONS, INC.



Principal Place of Business: 20 N SUMMIT STREET, CRESCENT CITY, FL 32112  
 Mailing Address: 20 N SUMMIT STREET, CRESCENT CITY, FL 32112

CUUJJJJJ

2. Principal Place of Business: 210 BROWNS HAMMOCK RD  
 Suite, Apt. #, etc.  
 3. Mailing Address: 210 BROWNS HAMMOCK RD  
 Suite, Apt. #, etc.



03022005 Chg-P CR2E034 (10/03)

City & State: CRESCENT CITY  
 Zip: 32112 Country: USA

4. FEI Number: 41-2116247  
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent  
 HAENFLER, JAMES  
 20 N SUMMIT STREET  
 CRESCENT CITY, FL 32112

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CAMPBELL, TIMOTHY	
STREET ADDRESS	210 BROWNS HAMMOCK RD	
CITY- ST- ZIP	CRESCENT CITY, FL 32112	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CONOVER, LISA	
STREET ADDRESS	210 BROWNS HAMMOCK RD.	
CITY- ST- ZIP	CRESCENT CITY, FL 32112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(c), 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: *Timothy Campbell* **TIMOTHY CAMPBELL** *4/11/05*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #