## 2004 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

## DOCUMENT # P03000146684

MONDAY'S INSTALLATIONS INC.



## **FILED** May 17, 2004 8:00 am Secretary of State

04-23-2004 90230 017 \*\*\*158.75

	•			<b>,</b>					
Principal Place	e of Business	Mailing Address							
1413 HOME AVENUE SEBRING, FL 33870		1413 HOME AVENUE SEBRING, FL 33870		66422	2342	g 9+			
L									
2 Principal P	face of Business	3. Mailing Address				DER ENTO ENT I		1# O #1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04212004	Chg-P	CR2E034	(10/03)		
City & State		City & State		4. FEI Numb	1715112			plied Fr t Applic	
Zip	Country	Zip	Country	5. Certificate	of Status Desired		.75 Addi Required		
	8. Name and Address of Currer	rt Registered Agent		7. Name and	Address of New R	gistered Age	nt .		
- LIONIDA V	-MONDAY MICHAÉI			Name					
MONDAY, MICHAEL 1413 HOME AVENUE SEBRING, FL 33870			Street Address (P.O. Box Number is Not Acceptable)						
				,				•	
		•	City			FL	Zip Code	•	
	named entity submits this statement	for the purpose of changing its re	gistered office or regis	stered agent, or bo	oth, in the State of Flo	rida. I am tam	iliar with,	and acc	
i ine congar	tions of registered agent.	1. /			4-2	1-04		•	
SIGNATURE.	Signature, typed or triffited frame of registered age	rit and title Belgolicable. (NOTE: F	Registered Agent algoriture reci	tared when reinstating)	70	1-04 DATE			
	· · · · · · · · · · · · · · · · · · ·								
	.E NOWII FEE 18 \$150.00 lay 1, 2004 Fee will be \$550	9. Election Campaign Trust Fund Contrib	· · · · · · · · · · · · · · · · · · ·	\$5.00 May Be Added to Fees	7	٠٠.			
-10:	OFFICERS AN	D DIRECTORS	11.	ADDITIONS	/CHANGES TO OFF	CERS AND D	BECTOR	S IN 11	
HILE	P	Delete	TITLE	NOOTHONO			Change	□ Ad	
NAME	MONDAY, MICHAEL		NAME			•			
STREET ADDRESS CITY-ST-ZIP	1413 HOME AVENUE SEBRING, FL 33870		STREET ADDRESS CITY-ST-ZIP						
TITLE	SEDIMIG, PE 33070	☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·		Change	□ Ad	
NAME		□ perac	NAME			<b></b>	7 crace		
STREET ADDRESS	j		STREET ADDRESS						
CITY-S?-ZIP			CITY-ST-ZIP				<del></del>		
NAME -		☐ Delicte	TITLE NAME		ي بسيد د	- , <u>.</u> L	Change	□ Ad	
STREET ADDRESS			STREET ADDRESS		<u> </u>				
CITY-ST-ZIP		<del></del>	CITY-ST-ZIP						
TITLE		Delete	TITLE			•	Change	□M	
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
THTLE		☐ Delete	HILE			C	Change	□ Ad	
HAME			NAME						
STREET ADDRESS			STREET ADDRESS City-St-Zip						
BILE	-	☐ Delete	TITLE			r	Change	□ Ad	
NAME		□ vcae	NAME			<i>-</i>	~ australia	_~	
STREET ADDRESS	<b>!</b> .		STREET ADDRESS						
CTTY-ST-ZIP	•		CITY+ST-ZIP						

12. I hereby certify that the information supplied with this filing does not quality 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 ceth; that I am an officer or direct 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 changed, or on an attachment with an address, with all other like empowered.