2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2007 08:00 A Secretary of State

DOCUMENT # P03000147209 1. Entity Name GARY W. PAUL - INTSTALLATIONS COMPANY						,	Secre	etary	y of St
Principal Place of Business Mailing Address 568 DAVENTRY SQUARE 568 DAVENTRY SQUAR					-	•			
PALM HARBOR, FL 34683 PALM HARBOR, FL 3468						AINA hilis aniol aben abri	ia dina dina man		Alkumu (1 (11 17)
2. Principal Place of Business - No P.O. Box # 3. Mailing Address			ı						
Suite, Apt.		Suite, Apt. #, etc.		01192007	Chg-P	CR2E03	4 (12/06)		
City & Stat		City & State			4. FEI Number 54-2134				pplied For ot Applicable
Zip	Country	Country Zip		5. Certificate of Status Desired				8.75 Ad se Require	
	6. Name and Address of Curre	nt Registered Agent			7. Name and A	ddress of New R	egistered Ap	jent	
PAUL, GA	.RY W		Name S9me						
568 DAVENTRY SQUARE PALM HARBOR, FL 34683				Street Address	(P.O. Box Number	is Not Acceptable)	• • • • • • • • • • • • • • • • • • •	
		,		City			FL	Zip Coo	le
the obligat	e named entity submits this statement tions of registered agent.	for the purpose of changing its	register	ed office or registe	red agent, or both	, in the State of Flo	rida. Iam fa	miliar with,	and accept
SIGNATURE.	Signature, ground or printed frame of registered agr	ent and title if applicable. (NO	TE: Registere	TW///C/// ad Agenykignature (Aguire	d when reinstating)	,ک	DATE	7	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$55!	9. Election Campa Trust Fund Con			.00 May Be led to Fees				
10.	OFFICERS AN	ID DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	CERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS	D PAUL, GARY W 588 DAVENTRY SQUARE	☐ Delete	TITU NAM STRS					☐ Change	☐ Addition
CITY-ST-ZIP	PALM HARBOR, FL. 34683		1	-SI-ZIP	•	uoo		C 1 A	
TITLE NAME STREET ADDRESS		☐ Delete	TITLI NAM STRE	_		04/11/	1000580 107–800	02 ¹ 1991	1955.0
CITY-ST-ZIP			СПҮ	-S1-ZIP					
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TITLE		☐ Delete	mu					Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAM Stre						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition
12. I hereby of indicated of the cor	L certify that the information supplied w on this report or supplemental report rporation or the receiver or trustee err , or on an attachment with an address	t is true and accurate and that a powered to execute this report	or the exemple signal tas requi	emptions contained ture shall have the	same legal effect	as if made under c	oath; that I an	n an officer	r or director