2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Apr 22, 2005 08:00 AM Secretary of State DOCUMENT # P03000148186 RON WACHA INSTALLATIONS, INC. Principal Place of Business Mailing Address 756 GANTT AVE. SARASOTA FL 34232 756 GANTT AVE. SARASOTA FL 34232 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt #, etc. CR2E034 (10/04) City & State 4. FEI Number Applied For City & State 55-0854456 Not Applicab! Zıp Country \$8.75 Additional Country $\Box$ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HEPBURN, WILLIAM JR Street Address (P.O. Box Number is Not Acceptable) 4305 - 19 AVE. WEST BRADENTON FL 34209-5126 City Zip 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. 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 9. Election Campaign Financing **\$5.00** May B: After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ AdidSir ☐ Delete THEE THE WACHA, RONALD F NAME U00000323727 04/22/05-80063-021 150.00 NAME STREET ADDRESS 756 GANTT AVE. STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP SARASOTA FL 34232 TITLE ☐ Change ☐ Addiffs. THE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addit c ΠL₽ NAME MAME STREET ADDRESS STREET ADDRESS CRIV- ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TOTLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP ☐ Delete Change Addition TITLE TITLE NAME MANAF STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CHY-ST-ZIP THE ☐ Change Additio HILE ☐ Delete NAME 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)(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 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.

G OFFICER OR DIRECTOR

**FILED**