

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000149322

FILED  
Feb 24, 2006  
Secretary of State

Entity Name: EPICLAR INSTALERS INC.

**Current Principal Place of Business:**

4767 SEDGE ST  
MIDDLEBURG, FL 32068

**New Principal Place of Business:**

**Current Mailing Address:**

4767 SEDGE ST  
MIDDLEBURG, FL 32068

**New Mailing Address:**

FEI Number: 32-0101759      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOPEZ, CLARISSA  
4767 SEDGE ST  
MIDDLEBURG, FL 32068      US

**Name and Address of New Registered Agent:**

LOPEZ, CLARISSA  
4767 SEDGE ST  
MIDDLEBURG, FL 32068      US

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.

SIGNATURE: CLARISSA LOPEZ      02/24/2006  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LOPEZ, CLARISSA  
Address: 4767 SEDGE ST  
City-St-Zip: MIDDLEBURG, FL 32068

Title: D ( ) Delete  
Name: SANCHEZ, DELFINO  
Address: 4767 SEDGE ST  
City-St-Zip: MIDDLEBURG, FL 32068

Title: D ( ) Delete  
Name: LOPEZ GARCIA, ANGEL  
Address: 4767 SEDGE ST  
City-St-Zip: MIDDLEBURG, FL 32068

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: LOPEZ, JOSE L  
Address: 4767 SEDGE ST  
City-St-Zip: MIDDLEBURG, FL 32068

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARISSA LOPEZ      P      02/24/2006  
Electronic Signature of Signing Officer or Director      Date