## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 30, 2007 08:00 All Secretary of State **DOCUMENT # P03000150615** 1. Entity Name JOE BOYER INSTALLATIONS INC. Mailing Address Principal Place of Business 2120 ROBINSON AVE 2120 ROBINSON AVE SARASOTA, FL 34232 SARASOTA, FL 34232 No Cha-P CR2E034 (11/05) 02242007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2421539 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BOYER, JOSEPH DO NOT WRITE 2120 ROBINSON AVE SARASOTA, FL 34232 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME BOYER, JOSEPH 2120 ROBINSON AVE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34232 U00000745172 TITLE 05/16/07-80018-006 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

NAME STREET ADDRESS CITY-SY-ZIP

MATORE AND TYPED OF RINTED HAME OF SIGNING OFFICE FOR DIRECTOR

4-27-07

941-504-6343

FILED

Daytime Phone 4