

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000157943

Entity Name: INSTALLERS WORKROOM, INC.

FILED
Apr 01, 2008
Secretary of State

Current Principal Place of Business:

365 BLANDING BLVD
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

365 BLANDING BLVD
ORANGE PARK, FL 32073

New Mailing Address:

P.O. BOX 56110
JACKSONVILLE, FL 32241

FEI Number: 84-1631699

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYERS, WILLIAM S CPA
405 PARK AVE
STE 102
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MODLING, A. CALVIN
Address: 2848 OAKLAND
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D () Delete
Name: COPPENBARGER, RONNIE
Address: 7920 VINEYARD LAKE RD
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: EDEN, GEORGIA A
Address: 257 STOKES LANDING RD
City-St-Zip: ST AUGUSTINE, FL 32095

Title: D () Delete
Name: WILLIS, KITTY
Address: 4059 LORETTO RD
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: A. CALVIN MODLING

D

04/01/2008

Electronic Signature of Signing Officer or Director

Date