

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000157943

**FILED**  
**Mar 23, 2012**  
**Secretary of State**

**Entity Name:** INSTALLERS WORKROOM, INC.

**Current Principal Place of Business:**

365 BLANDING BLVD  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 56110  
JACKSONVILLE, FL 32241

**New Mailing Address:**

**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:**

LEPRELL, SAMUEL L  
1301 GULF LIFE DRIVE  
SUITE 1301  
JACKSONVILLE, FL 32207 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: SAMUEL L LEPRELL

03/23/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MODLING, CALVIN  
Address: 2848 OAKLAND  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D  
Name: COPPENBARGER, RONNIE D  
Address: 7890 JAMES ISLAND TRAIL  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby 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 all other like empowered.

SIGNATURE: CALVIN MODLING

D

03/23/2012

Electronic Signature of Signing Officer or Director

Date