# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2006**
**Secretary of State**

DOCUMENT# P04000001153

**Entity Name:** SHANE LOWE INSTALLATION, INC.

**Current Principal Place of Business:**

112 SHADY OAK LANE
OVIEDO, FL 32765

**New Principal Place of Business:**

3978 CAMPFIRE WAY
CASSELBERRY, FL 32707

**Current Mailing Address:**

112 SHADY OAK LANE
OVIEDO, FL 32765

**New Mailing Address:**

3978 CAMPFIRE WAY
CASSELBERRY, FL 32707

**FEI Number: 20-0577541** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

LOWE, SHANE M
112 SHADY OAK LANE
OVIEDO, FL 32765 US

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

LOWE, SHANE M
3978 CAMPFIRE WAY
CASSELBERRY, FL 32707 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: SHANE M. LOWE 04/30/2006
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: LOWE, SHANE M
Address: 112 SHADY OAK LANE
City-St-Zip: OVIEDO, FL 32765

Title: VD ( ) Delete
Name: LOMBA, MICHELLE M
Address: 112 SHADY OAK LANE
City-St-Zip: OVIEDO, FL 32765

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

Title: PD (X) Change ( ) Addition
Name: LOWE, SHANE M
Address: 3978 CAMPFIRE WAY
City-St-Zip: CASSELBERRY, FL 32707

Title: VD (X) Change ( ) Addition
Name: LOMBA, MICHELLE M
Address: 3978 CAMPFIRE WAY
City-St-Zip: CASSELBERRY, FL 32707

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: SHANE M. LOWE PD 04/30/2006
Electronic Signature of Signing Officer or Director Date