


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000002408	
1. Entity Name WM INSTALLATIONS, INC.	

Principal Place of Business 1233 NORTH OAK RIDGE DRIVE LORIDA, FL 33857 US	Mailing Address 1233 NORTH OAK RIDGE DRIVE LORIDA, FL 33857 US
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DO NOT WRITE IN THIS SPACE



01212008 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2425468	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOISTNER, WILLIAM R
 1233 NORTH OAK RIDGE DRIVE
 LORIDA, FL 33857

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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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

DATE: 04/21/08-80018-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOISTNER, WILLIAM R 1233 NORTH OAK RIDGE DRIVE LORIDA, FL 33857
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSTNER, KELLY 1233 NORTH OAK RIDGE DRIVE LORIDA, FL 33857
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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: William Moistner **WILLIAM MOISTNER** < 4-6-08 > 863 < 655 6604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #