

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000002408

Entity Name: WM INSTALLATIONS, INC.

**FILED**  
**Apr 06, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1233 NORTH OAK RIDGE DRIVE  
LORIDA, FL 33857 US

**New Principal Place of Business:**

**Current Mailing Address:**

1233 NORTH OAK RIDGE DRIVE  
LORIDA, FL 33857 US

**New Mailing Address:**

FEI Number: 56-2425468

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOISTNER, WILLIAM R  
1233 NORTH OAK RIDGE DRIVE  
LORIDA, FL 33857 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: P  
Name: MOISTNER, WILLIAM R  
Address: 1233 NORTH OAK RIDGE DRIVE  
City-St-Zip: LORIDA, FL 33857 US

Title: D  
Name: MOSTNER, KELLY  
Address: 1233 NORTH OAK RIDGE DRIVE  
City-St-Zip: LORIDA, FL 33857 US

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: WILLIAM MOISTNER

PRES

04/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date