


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 APR 26 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000009670 1. Entity Name HOWARD ROBERTS INSTALLATION, INC.	
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Principal Place of Business 325 N CALHOUN ST TALLAHASSEE, FL 32301	Mailing Address 325 N CALHOUN ST TALLAHASSEE, FL 32301
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2. Principal Place of Business <i>2217 Alpha Nene</i>	3. Mailing Address <i>2217 Alpha Nene</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Tallahassee, Fla</i>	City & State <i>Tallahassee, Fla</i>
Zip <i>32301</i>	Zip <i>32301</i>
Country <i>L102</i>	Country <i>L102</i>



04262005 Chg-P CR2E034 (10/03)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GERLIN, WILLIAM L 325 N CALHOUN ST TALLAHASSEE, FL 32301	
7. Name and Address of New Registered Agent Name: <i>Howard Roberts</i> Street Address (P.O. Box Number is Not Acceptable): <i>2217 Alpha Nene</i> City: <i>Tallahassee</i> FL Zip Code: <i>32301</i>	

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: *Howard Roberts* DATE: *4-26-05*

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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Y GERLIN, WILLIAM L 325 N CALHOUN ST TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <i>Howard Roberts</i> <i>2217 Alpha Nene</i> <i>Tallahassee, FL 32301</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Howard Roberts* DATE: *4-26-05* DAYTIME PHONE #: *877-1560*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roberts APR 26 2005