

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000016324

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** DIRECT INSTALLATION SERVICES, INC.

**Current Principal Place of Business:**

1708 N. RONALD REAGAN BLVD.  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

1708 N. RONALD REAGAN BLVD.  
LONGWOOD, FL 32750

**New Mailing Address:**

**FEI Number:** 20-0628265

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARTIN, GARY MICHAEL  
1708 N. RONALD REAGAN BLVD.  
LONGWOOD, FL 32750 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: MARTIN, GARY MICHAEL  
Address: 8546 CHRISTOPHERS HAVEN CT  
City-St-Zip: SANFORD, FL 32771

Title: VP  
Name: AMBERSON, JOHN  
Address: 5459 GLEN OAK PL.  
City-St-Zip: SANFORD, FL 32771

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: JOHN AMBERSON

VP

04/30/2012

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

\_\_\_\_\_  
Date