

FILED
Jun 06, 2005 8:00 am
Secretary of State

05-02-2005 90554 027 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000018036

1. Entity Name
H.D. CUSTOM INSTALLATIONS, INC.



Principal Place of Business
6461 DARTMOUTH AVE NORTH
ST PETERSBURG, FL 33710

Mailing Address
6461 DARTMOUTH AVE NORTH
ST PETERSBURG, FL 33710

66021530



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
20-2849836

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Declared ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEBLANC, BRIAN
6461 DARTMOUTH AVE NORTH
ST PETERSBURG, FL 33710

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when renewing.

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
LEBLANC, BRIAN
6461 DARTMOUTH AVE NORTH
ST PETERSBURG, FL 33710 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

I, the undersigned, certify that the information supplied above and hereby makes this report as 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 line empowered.

SIGNATURE: Brian LeBlanc PRESIDENT 4-28-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed