2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2005 8:00 am
Secretary of State
05-10-2005 90112 049 ***150.00

05042005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000019103

1. Entity Name
OSCEOLA INSTALLERS, INC.,

Principal Place of Business	Mailing Address
~~3603 TREELINE WAY~~ 4239 Sasha Trail ST. CLOUD, FL ~~34769~~ US 34772	~~3603 TREELINE WAY~~ 4239 Sasha Trail ST. CLOUD, FL ~~34769~~ US 34772

2. Principal Place of Business		3. Mailing Address	
4239 Sasha Trail		Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: St Cloud, FL		City & State	
Zip: 34772	Country	Zip	Country

4. FEI Number: 19-1402785 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRABOWSKI, MICHELLE D
~~3603 TREELINE WAY~~ 4239 Sasha Trail
ST. CLOUD, FL ~~34769~~ 34772

7. Name and Address of New Registered Agent

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: Michelle Grabowski 4/29/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	GRABOWSKI, MICHELLE D	
STREET ADDRESS	~~3603 TRELINE WAY~~ 4239 Sasha Trail	
CITY-ST-ZIP	ST. CLOUD, FL ~~34769~~ 34772	
TITLE	VP	☐ Delete
NAME	GRABOWSKI, THOMAS W	
STREET ADDRESS	~~3603 TREELINE WAY~~ 4239 Sasha Trail	
CITY-ST-ZIP	ST. CLOUD, FL ~~34769~~ 34772	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ 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: Michelle Grabowski 4/29/05 407-892-8241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #