2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000031163

Entity Name: TONY RILEY INSTALLATIONS, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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 2627 TROPICANA BLVD.
 2017 51 ST ST SW

 NAPLES, FL 34116
 US

 NAPLES, FL 34116
 US

Current Mailing Address: New Mailing Address:

 2627 TROPICANA BLVD.
 2017 51 ST SW

 NAPLES, FL 34116
 US

 NAPLES, FL 34116
 US

FEI Number: 20-0765356 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

RILEY, TONY
2627 TROPICANA BLVD.
NAPLES, FL 34116 US

RILEY, TONY
2017 51ST ST SW
NAPLES, FL 34116 US

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: TONY RILEY 04/30/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 RILEY, TONY
 Name:
 RILEY, TONY

 Address:
 2627 TROPICANA BLVD.
 Address:
 2017 51ST ST SW

 City-St-Zip:
 NAPLES, FL 34116 US
 City-St-Zip:
 NAPLES, FL 34116 US

 Name:
 RILEY, DAWN
 Name:
 DERAE, JEANINE B

 Address:
 8655 SADDLEBROOK CIR.
 Address:
 2017 51ST STT SW

 City-St-Zip:
 NAPLES, FL 34104 US
 City-St-Zip:
 NAPLES, FL 34116 US

Title: S/T (X) Delete Title: () Change () Addition

 Name:
 KNOEBEL, BARBARA
 Name:

 Address:
 679 PALM AVE. W.
 Address:

 City-St-Zip:
 GOODLAND, FL 34140 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JEANINE DERAE VP 04/30/2009