2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

May 16, 2008 8:00 am Secretary of State DOCUMENT # P04000055339 1. Entity Name 05-16-2008 90020 017 ***150.00 MVP INSTALLS, INCORPORATED Principal Place of Business Malling Address 2980 50TH AVE W #13 BRADENTON FL 34207 2980 50TH AVE W #13 BRADENTON FL 34207 NEW 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1020 415T ST. W. Suite, Apt. #, etc. Surle, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For BRADENTON 20-0966213 BRADENTON Not Applicable \$8.75 Additional 5. Certificate of Status Desired NANATEE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MACFARLANE, JAMES S Street Address (P.O. Box Number is Not Acceptable) 357 6TH AVE W **BRADENTON FL 34205** City Zip Code mits 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 8. The above named entity \$ the obligations of registered 4-24.08 Signature, typodical FILE NOW!!! PEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITUE Change Delete TITLE Addition MACFARLANE, JAMES S NAME STREET ADDRESS 2513 10TH AVE W 1020 4155 ST. W. STREET ADORESS CITY ST-ZIP **BRADENTON FL 34205** CITY-ST. ZIP De:ete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIF TITLE Delete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Detate Change Addition MAME NEME STREET ADDRESS STREET ADDRESS CRY-ST-2IP CHY-ST-ZIP TITLE TITLE ☐ Derete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CUY SI-ZIE CITY ST ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 path; that I am an efficer or director of the corporation or the receiver or troctee 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

FILED

Date

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