

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000067225

FILED
Mar 21, 2005
Secretary of State

Entity Name: DONNIE WALPOLE INSTALLS, INC.

Current Principal Place of Business:

116 N.E. BUD COURT
LAKE CITY, FL 32055

New Principal Place of Business:

21453 135 TH DRIVE
O BRIEN, FL 32071

Current Mailing Address:

116 N.E. BUD COURT
LAKE CITY, FL 32055

New Mailing Address:

807 NW CORINTH DR.
LAKE CITY, FL 32055

FEI Number: 20-2118210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALPOLE, DONNIE SHAYNE
116 N.E. BUD COURT
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

WALPOLE, DONNIE SHAYNE
807 NW CORINTH DR.
LAKE CITY, FL 32055 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: DONNIE WALPOLE

03/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVT () Delete
Name: WALPOLE, DONNIE SHAYNE
Address: 116 N.E. BUD COURT
City-St-Zip: LAKE CITY, FL 32055

Title: S () Delete
Name: LEVELS, DAVID WAYNE
Address: 138 N.W ORION WAY
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVT (X) Change () Addition
Name: WALPOLE, DONNIE SHAYNE
Address: 807 NW CORINTH DR.
City-St-Zip: LAKE CITY, FL 32055

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DONNIE WALPOLE

PRES

03/21/2005

Electronic Signature of Signing Officer or Director

Date