

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000067225

FILED
Apr 30, 2009
Secretary of State

Entity Name: DONNIE WALPOLE INSTALLS, INC.

Current Principal Place of Business:

5010 47TH STREET WEST
1712
BRADENTON, FL 34210 US

New Principal Place of Business:

Current Mailing Address:

5010 47TH STREET WEST
1712
BRADENTON, FL 34210

New Mailing Address:

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
5010 47TH STREET WEST
1712
BRADENTON, FL 34210 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVT () Delete
Name: WALPOLE, DONNIE SHAYNE
Address: 5010 47TH STREET WEST APT 1712
City-St-Zip: BRADENTON, FL 34210 US

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

Title: T () Delete
Name: SMITH, MICHAEL D
Address: 4216 60TH ST WEST
City-St-Zip: BRADENTON, FL 34209 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: VP () Change (X) Addition
Name: WALPOLE, MICHAEL S
Address: 3304 33RD ST W
City-St-Zip: BRADENTON, FL 34205

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: DONNIE WALPOLE

PVT

04/30/2009

Electronic Signature of Signing Officer or Director

Date