


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90437 018 ***150.00

DOCUMENT # P04000070887 1. Entity Name TOTAL DESIGN AND INSTALLATION CORP.					
Principal Place of Business 110 LONGHORN ROAD WINTER PARK, FL 32792			Mailing Address 110 LONGHORN ROAD WINTER PARK, FL 32792		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 5514 Suite, Apt. #, etc.			
City & State Winter Park FL		4. FEI Number 22 390 1064		Applied For <input type="checkbox"/> Not Applicable	
Zip 32793		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUGHES, DERYLE 110 LONGHORN ROAD WINTER PARK, FL 32792			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PV W. DERYLE HUGHES 218 SHADOW BAY DRIVE ORLANDO, FL 32825	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WILDERMUTH, PAM 218 SHADOW BAY DRIVE ORLANDO, FL 32825	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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 full power like empowered.			SIGNATURE: <u><i>Deryle Hughes, Pres.</i></u> 4-27-05 707-647-0300 <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>		