

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90060 016 ***150.00

DOCUMENT # P04000079217

1. Entity Name

SURPLUS INSTALLERS, INC.



Principal Place of Business

SW STATE HIGHWAY 121
WORTHINGTON SPRINGS FL 32697

Mailing Address

P.O. BOX 209
WORTHINGTON SPRINGS FL 32697



2. Principal Place of Business - No P.O. Box #

9131 S.W. 57TH AVE.

Suite, Apt. #, etc.

3. Mailing Address

P.O. 209

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

WORTHINGTON SPRS

City & State

FLA.

4. FEI Number

20-1142695

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

32697

Zip

Country

6. Name and Address of Current Registered Agent

BAYNE, CLAIR B. RUSTY
SW STATE HIGHWAY 121
WORTHINGTON SPRINGS FL 32697

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

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME BAYNE, CLAIR B. RUSTY
STREET ADDRESS SW STATE HIGHWAY 121
CITY-ST-ZIP WORTHINGTON SPRINGS FL 32697

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby 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 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 all other like empowered.

SIGNATURE:

CLAIR B "RUSTY" BAYNE. *CBayne*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-08 352-283-9993

Date

Telephone Number