

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90075 011 ***150.00

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1. Entity Name
RICHARD'S CUSTOM INSTALLATIONS, INC.



Principal Place of Business
124 E ALMA AVENUE
LAKE MAKY, FL 32746

Mailing Address
124 E ALMA AVENUE
LAKE MARY, FL 32746

40111



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02062007

Chg-P

CR2E034 (12/06)

4. FEI Number
20-1323841

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POORE, RICHARD L JR
124 E ALMA AVENUE
LAKE MARY, FL 32746

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME POORE, RICHARD L JR
STREET ADDRESS 124 E ALMA AVENUE
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE VP ☐ Change ☒ Addition
NAME MICHELE L POORE
STREET ADDRESS 124 E ALMA AVENUE
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE VP ☒ Delete
NAME COCHRAN, MATTHEW J
STREET ADDRESS 2834 ARRENDONDA DRIVE
CITY-ST-ZIP DELTONA, FL 32738

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

TITLE MAN ☒ Delete
NAME RAGAN, RANDALL M
STREET ADDRESS 30842 NOCATEE TRAIL
CITY-ST-ZIP SORRENTO, F, 32776

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #