2005 FOR PROFIT CORPORATION. ANNUAL REPORT

Jun 13, 2005 8:00 am Secretary of State 05-02-2005 90403 038 ***150.00 **DOCUMENT # P04000100546** 1. Entity Name R.S.P. INSTALLATIONS, INC. Principal Place of Business Mailing Address 669223330 380 N.WICKHAM ROAD 465 RIVERDALE ROAD SUITE C MERRITT ISLAND, FL 32953 MELBOURNE, FL 32935 2. Principal Place of Business 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. 04152005 Chg-P CR2E034 (10/03) 4. FEI Number 20/3 City & State City & State Applied For Not Applicable Ζφ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TARSONS. MULTER, DICK 1127 S.PATRICK DRIVE (P.O. Box Number is Not Acceptable) SUITE #3 SATELLITE BEACH, FL 32937 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. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition PARSONS, RICHARD S NAME NAME 465 RIVERDALE ROAD STREET ADDRESS STREET ADDRESS MERRITT ISLAND, FL 32953 CITY-ST-7/P CITY ST. 7P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS 71 CITY-ST-ZIP CITY-ST-ZTP TITLE ☐ Defete ☐ Chance ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 Irustee 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.

FILED

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SIGNATURE: _