

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90175 028 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000125806					
1. Entry Name RE-INSTALLS INC.					
Principal Place of Business 5123 GLENGARRY RD WIMAUMA, FL 33598			Mailing Address 5123 GLENGARRY RD WIMAUMA, FL 33598		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FBI Number 43-6029499	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SISSON, RAYMOND D 5123 GLENGARRY RD. WIMAUMA, FL 33598				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, 2006 Fee will be \$350.00			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 11.1		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SISSON, RAYMOND D JR		NAME		
STREET ADDRESS	5123 GLENGARRY RD.		STREET ADDRESS		
CITY-ST-ZIP	WIMAUMA, FL 33598		CITY-ST-ZIP		
TITLE	VP1	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SMITH, MAYNARD N		NAME		
STREET ADDRESS	5123 GLENGARRY RD.		STREET ADDRESS		
CITY-ST-ZIP	WIMAUMA, FL 33598		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	RAMSEY, RAYMOND D SR		NAME		
STREET ADDRESS	5123 GLENGARRY ROAD		STREET ADDRESS		
CITY-ST-ZIP	WIMAUMA, FL 33598		CITY-ST-ZIP		
TITLE	TRIS	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SISSON, DOROTHY I		NAME		
STREET ADDRESS	5123 GLENGARRY RD.		STREET ADDRESS		
CITY-ST-ZIP	WIMAUMA, FL 33598		CITY-ST-ZIP		
TITLE		☐ Delete	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			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: <i>Raymond D</i>			4/27/06 ✓ 813.453.4588		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT

40078597

#P04000125806

SMITH & ASSOCIATES
CERTIFIED PUBLIC ACCOUNTANTS

Professional Association

J. MICHEAL SMITH, C.P.A.

CYNTHIA L. BLACK, C.P.A.

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TOLL FREE 1 (800) 206-6444
FAX (813) 633-3228

Members: American Institute
and Florida Institute of CPAs

April 20, 2006

Mr. Raymond D Sisson, Jr.
Re-Installs, Inc.
5123 Glengarry Road
Wimauma, FL 33598

Dear Raymond:

Enclosed is the **2006 Uniform Business Report** for the State of Florida. Please file in accordance with the following instructions:

1. Sign and date the return at the bottom of the report, as indicated.
2. Attach your check in the amount of **\$150.00** made payable to **Department of State**. Please write your **Charter Number P04000125806** on your check.
3. Mail in the envelope provided, on or before **May 1, 2006** to:

**DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500**

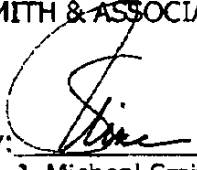
A copy has been enclosed for your file.

For your protection, we strongly recommend mailing by **Certified Mail, Return Receipt Requested** in order to provide proof of timely filing.

If you should have any questions, please do not hesitate to contact me at my office.

With warm personal regards,

SMITH & ASSOCIATES, CPA's, P.A.

By: 

J. Micheal Smith, C.P.A.

JMS/cib
Enclosure