

2005 FOR PROFIT CORPORATION ANNUAL REPORT

6/15/2005-90093-006-\$150.00-\$150.00

DOCUMENT # P04000126372 1. Entity Name L & L INSTALLATION SERVICES INC.			
Principal Place of Business 2322 WINDSOR OAKS AVENUE LUTZ, FL 33549 US		Mailing Address 2322 WINDSOR OAKS AVENUE LUTZ, FL 33549 US	
2. Principal Place of Business Same		3. Mailing Address 2322 Windsor Oaks Ave	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State 		City & State Lutz FL	
Zip 		Zip 33549	
Country 		Country US	
4. FEI Number 75-3170594		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLICK, RICHARD L 2322 WINDSOR OAKS AVE. LUTZ, FL 33549		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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	P BLICK, RICHARD L 2322 WINDSOR OAKS AVE. LUTZ, FL 33549	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLICK, LINDA F 2322 WINDSOR OAKS AVE. LUTZ, FL 33549	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.			
SIGNATURE: <u>Linda F. Blick</u> LINDA F. BLICK		Date: <u>6/6/05</u> 813 Daytime Phone #: <u>967-3295</u>	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Roberts



05232005 Chg-P CR2E034 (10/03)

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA