2005 FOR PROFIT CORPORATION

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

•,4 =	ANNUA	L REPORT		·
DOCUMENT # P04000126372				FILED
1. Entity Name L & L INSTALLATION SERVICES INC.				1 28 AM 9: 29
				O5 JUN 20 IIII SECRETARISEE, FLORIDA TALLAHASSEE, FLORIDA
Principal Place of Business Mailing Address 2322 WINDSOR OAKS AVENUE 2322 WINDSOR O		Mailing Address 2322 WINDSOR OAKS /	AV/ENTIF	TALLAHASSEE, FLURIDA
LUTZ, FL 33549 US		LUTZ, FL 33549 US		T. Career and the contract of
2. Principal Place of Business		3. Mailing Address 2322 Wind for Oaks Ave		
Suite, Apl. #, etc.		Suite, Apt. #, etc.		05232005 Chg-P CR2E034 (10/03)
City & State		City & State	FL	4. FEI Number 1705 94 Applied For Not Applicable
Zip	Country	<i>3</i> 35 49	Country US	Certificate of Status Desired
	6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New Registered Agent
BLICK, RICHARD L 2322 WINDSOR OAKS AVE.				s (P.O. Box Number is Not Acceptable)
LUTZ, FL 33549				
			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 rematating) DATE				
	LE NOW!!! FEE IS \$550.00 ue by September 7, 2005	9. Election Campai Trust Fund Conti		5.00 May Be dded to Fees
10	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME:	BLICK, RICHARD L	Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADORESS CITY-ST-ZIP	2322 WINDSOR OAKS AVE.		STREET ADDRESS (CITY-ST-ZIP	
TIFLE	VP VP	☐ Defete	TITLE	7 S Change Addition
NAME STREET ADDRESS	BLICK, LINDA F		NAME	A Property of the Property of
CITY-ST-ZIP	2322 WINDSOR OAKS AVE. LUTZ, FL 33549		STREET ADDRESS CITY-SI-ZIP	AF G T
TITLE		☐ Delete	TITLE	N ☐ Change ☐ Addition
NAME STREET ADORESS			NAME STREET ADDRESS	SE- B M
CITY-ST-20-			- Crty:st-zir	
TITLE NAME		☐ Deleta	TITLE NAME	Change Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	RIDE 29
TITLE		☐ Delets	TITLE	☐ Change ☐ Addition
NAME STREET ADORESS			NAME STREET ADDRESS	İ
CITY-ST-ZIP			CITY-ST-ZIP	
NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADORESS			STREET ADDRESS	Ì
12. I hereby	certify that the information supplied with	th this filling does not mustify by	CITY-ST-ZIP	Section 110 07/3Vi) Elevido Stelland 1 husban and husban and husban
12. I heroby 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 507, 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.				
SIGNAT	TIDE: Hind	I Hick	LINDA F.	Brick 6/6/00 947-3295
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED MANE OF SIGNANG OFFICER OR DIRECTOR Date Towns & Date Depoins Provs &				