


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-31-2006 90006 048 \*\*\*150.00

<b>DOCUMENT # P04000160320</b> 1. Entity Name ALL S.W. INSTALLATIONS, INC.	
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Principal Place of Business 420 N.E. 18TH PLACE CAPE CORAL, FL 33909	Mailing Address 420 N.E. 18TH PLACE CAPE CORAL, FL 33909
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**50023553**



07182006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 33-1106910	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

TAYLOR, TERRANCE  
420 N.E. 18TH PLACE  
CAPE CORAL, FL 33909

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, TERRANCE 420 N.E. 18TH PLACE CAPE CORAL, FL 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAYLOR, TERRANCE J 420 N.E. 18TH PLACE CAPE CORAL, FL 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES TAYLOR, TERRANCE J 420 N.E. 18TH PLACE CAPE CORAL, FL 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAYLOR, TERRANCE J 420 N.E. 18TH PLACE CAPE CORAL, FL 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVIC TAYLOR, TERRANCE J 420 N.E. 18TH PLACE CAPE CORAL, FL 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAYLOR, KASEY 420 N.E. 18TH PLACE CAPE CORAL, FL 33909

**DO NOT WRITE  
IN THIS SPACE**

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

7/10/06 239-841-4111  
Date Daytime Phone #

# ATTACHMENT

7/20/06

50023553  
#P84000160320

To Whom it may Concern:

Attached is 150.<sup>00</sup> For All S.W. Installations Inc.  
We had not received any prior notice for  
a renewal. I'm not sure why we received a  
notice stating we owe \$550.00. If there  
are any problems please contact us at  
239-458-5301.

Thank you

K. Taylor

Kasey Taylor

V.P.