


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # R05000031548	
1. Entity Name RS INSTALLATIONS, INC.	

Principal Place of Business 2129 JUNIPER DR. EDGEWATER, FL 32141 US	Mailing Address 2129 JUNIPER DR. EDGEWATER, FL 32141 US
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01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2439067	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SHANNON, RICHARD A III 2129 JUNIPER DR. EDGEWATER, FL 32141

**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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U00000585019
01/12/07-80058-024 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHANNON, RICHARD 2129 JUNIPER DR. EDGEWATER, FL 32141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STVP SHANNON, PATRICIA 2129 JUNIPER DR. EDGEWATER, FL 32141
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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**

1-10-07 386-405-8922
Date Daytime Phone #