

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000059925

1. Entity Name
ROBERT MARCUM INSTALLATIONS, INC.



Principal Place of Business
3610 NE 86TH LANE
ANTHONY FL 32617
US

Mailing Address
3610 NE 86TH LANE
ANTHONY FL 32617
US



2. Principal Place of Business - No P.O. Box #
3610 NE 86th Lane
Suite, Apt. #, etc.

3. Mailing Address
3610 NE 86th Lane
Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
Anthony, Florida

City & State
Anthony, Florida

Zip
32617

Country
Marion

Zip
32617

Country
Marion

4. FEI Number 20-2734467

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MARCUM, ROBERT C
3610 NE 86TH LANE
ANTHONY FL 32617

7. Name and Address of New Registered Agent
Name Marcum Robert C
Street Address (P.O. Box Number is Not Acceptable)
3610 NE 86th Lane
City Anthony FL Zip Code 32617

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]* Resident 1-29-07
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
Make Check Payable to Florida Department of State

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 IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARCUM, ROBERT C 3610 NE 86TH LANE ANTHONY FL 32617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000611782 02/02/07-80077-013 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MARCUM, THERESA L 3610 NE 86TH LANE ANTHONY FL 32617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]* President 1-29-07 352-867-0423
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #