2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000088957

1. Entity Name

WALL TO WALL INSTALL, INC.



Principal Place of Business

Mailing Address

1189 BALFOUR DR DELTONA, FL 32725 1189 BALFOUR DR DELTONA, FL 32725

FILED May 01, 2008 08:00 AN Secretary of State



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04232008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3004204

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, SCOTT 1189 BALFOUR DR DELTONA, FL 32725

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	re named entity submits this statement for the prations of registered agent.	urpose of changing its reg	istered office or re	egistered agent, or bo	th, in the State of Florida. I am famíliar wit	h, and accept
SIGNATURE Signature typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE						
	LE NOW!!! FEE IS \$150.00 May 1, 2008 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu	~ —	\$5.00 May Be Added to Fees		.,
10.	OFFICERS AND DIRECTORS					

TITLE	Ρ .
NAME	WILLIAMS, SCOTT
STREET ADDRESS	1189 BALFOUR DR
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	

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12. I hereby certify that the information supplied with this filling 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 justee 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 applicable.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-08

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