

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000100714

1. Entity Name
FRS INSTALLATION, INC.



**FILED
Jan 19, 2006 8:00 am
Secretary of State**

01-19-2006 90103 029 ***150.00

Principal Place of Business
5845 ENTERPRISE PARKWAY
FORT MYERS, FL 33905

Mailing Address

5845 ENTERPRISE PARKWAY
FORT MYERS, FL 33905



01132006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

20-3165768

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHUMAN, FRED
5845 ENTERPRISE PARKWAY
FORT MYERS, FL 33905

Name

Street Address (P.O. Box Number is Not Acceptable)

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE V
NAME SCHUMAN, FRED
STREET ADDRESS 5845 ENTERPRISE PARKWAY
CITY-ST-ZIP FORT MYERS, FL 33905

Delete

TITLE P
NAME CONROD, CHARLES
STREET ADDRESS 2623 N.W. 10TH STREET
CITY-ST-ZIP CAPE CORAL, FL 33933

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

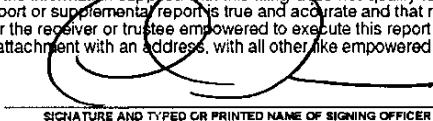
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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

President

1-13-06

239-
094-2711

Date

Document Photo #