

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000112299**

1. Entity Name  
 UPRIGHT INSTALLATIONS OF SW FLORIDA INC



Principal Place of Business: 450 W DEARBORN ST, ENGLEWOOD, FL 34322

Mailing Address: 450 W DEARBORN ST, ENGLEWOOD, FL 34223

**DO NOT WRITE IN THIS SPACE**



04112008 No Chg-P CR2E034 (11/05)

4. FEI Number: 20-3296729 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

TOBE, LAWRENCE  
 450 W DEARBORN ST  
 ENGLEWOOD, FL 34223

**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: *Lawrence Tobe* / LAWRENCE TOBE DATE: 4-14-08

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

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	TOBE, LAWRENCE
STREET ADDRESS	284 MARINER LANE
CITY-ST-ZIP	ROTONDA WEST, FL 33947
TITLE	VPD
NAME	TOBE, DEBORAH
STREET ADDRESS	284 MARINER LANE
CITY-ST-ZIP	ROTONDA WEST, FL 33947
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

066000302702  
 04/30/08-80016-017 150.00

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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: *Lawrence Tobe* / LAWRENCE TOBE DATE: 4-14-08 941-698-2408

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR