2006 FOR PROFIT CORPORATION ANNUAL REPORT

8/9/2006-90013-039-\$150.00-\$150.00

FIL Fr. **DOCUMENT # P05000123087** 1. Entity Name **S&S INSTALLERS INC** 06 SEP 19 7 2:08 SECGL Principal Place of Business Mailing Address TALLAIL : P 0 B0X 770582 997 GLEN MEADOW DR WINTER GARDEN, FL 34777 WINTER GARDEN, FL 34787 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07052006 Chg-P CR2E034 (11/05) 4. FEI Number City & State City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOLLINGSWORTH, STEVE Street Address (P.O. Box Number is Not Acceptable) 997 GLEN MEADOW DR WINTER GARDEN, FL 34787 City 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 Agen) signature required when reinstating) DATE 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOWILL FEE IS \$150.00 \$5.00 May Be Due by September 6, 2008 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. De ete ☐ Change ☐ Addition TITLE TITLE HOLLINGSWORTH, STEVE NAME NAME 997 GLEN MEADOW DR STREET ADDRESS STREET ADDRESS CITY-51-21P WINTER GARDEN, FL 34787 CCY-ST-ZP Detete TITLE TITLE ■ Addition Prout, Skepten M KAME PROUT, STEPHEN M NAME 997 Almmoden Priven Day STREET ADDRESS 485 ALAFAYA WOODS APT D STREET ADDRESS CITY-ST-ZIP OVIEDO, FL 32765 CITY-SI-7P Winks Harden, fl 34787 TITLE ☐ Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE □ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-DP ☐ Deteta TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Detete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P 12. I hereby certify that the information supplied with this fiting 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: