

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000141104

Entity Name: RESPLANDE INSTALLER, INC.

FILED
Sep 25, 2008
Secretary of State

Current Principal Place of Business:

4401 CORTINA CIR APT, 327
FT MYERS, FL 33916

New Principal Place of Business:

4401 CORTINA CIR
APT, 327
FT MYERS, FL 33916

Current Mailing Address:

4401 CORTINA CIR APT, 327
FT MYERS, FL 33916

New Mailing Address:

4401 CORTINA CIR
APT, 327
FT MYERS, FL 33916

FEI Number: 20-3646395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1261 E SAMPLE RD
POMPAHO BEACH, FL 33064 US

Name and Address of New Registered Agent:

RESPLANDE, JAKSON C
4401 CORTINA CIR
APT, 327
FORT MYERS, FL 33916 US

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.

SIGNATURE: JAKSON C. RESPLANDE

09/25/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RESPLANDE, JAKSON C
Address: 1723 SW 2ND AVE
City-St-Zip: CAPE CORAL, FL 33991

Title: VPD () Delete
Name: RESPLANDE, JAIME C
Address: 1723 SW 2ND AVE
City-St-Zip: CAPE CORAL, FL 33991

Title: D () Delete
Name: DE OLIVEIRA GODOY, WANDERSON
Address: 1723 SW 2ND AVE
City-St-Zip: CAPE CORAL, FL 33991

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RESPLANDE, JAKSON C
Address: 4401 CORTINA CIR APT, 327
City-St-Zip: FORT MYERS, FL 33916

Title: VPD (X) Change () Addition
Name: RESPLANDE, JAIME C
Address: 4401 CORTINA CIR APT, 327
City-St-Zip: FORT MYERS, FL 33916

Title: D (X) Change () Addition
Name: SENA, FRANCIS G
Address: 4401 CORTINA CIR APT, 327
City-St-Zip: FORT MYERS, FL 33916

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAKSON C. RESPLANDE

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09/25/2008

Electronic Signature of Signing Officer or Director

Date