## **2006 FOR PROFIT CORPORATION**

## Jan 23, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P05000148253 01-23-2006 90120 020 \*\*\*150.00 INSTALLATION STATION WEST INC Principal Place of Business Mailing Address 5022 14TH STREET W 5022 14TH STREET W BRADENTON, FL 34207 BRADENTON, FL 34207 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172006 CR2E034 (11/05) Chg-P 4. FEI Number City & State City & State Applied For 203733296 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GERARD Deccico SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 City BRADENTON 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 orinted stered enent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE VD TETLE ☐ Delete ☐ Change Addition DECICCO GERARO SOZZ 14th STREET W DECICCO, MARK NAME NAME STREET ADDRESS **5022 14TH STREET W** STREET ADDRESS BRADENTON, FL 34207 CITY-ST-ZIP CHY-ST-ZIE BRADENION F134207 TITLE ☐ Delete TITLE Change Addition DECCICO TARA NAME RIVERA, KRISTIAN NAME 5082 145 ST STREET ADDRESS **5022 14TH STREET W** STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34207 CITY-S1-7/P BRAVENTON FI ☐ Delete TITLE TITLE Change Change ☐ Addition DECICCO, KATIE NAME NAME STREET ADDRESS **5022 14TH STREET W** STREET ADORESS CITY-ST-ZIP BRADENTON, FL 34207 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition

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 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.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED