

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000082032

FILED  
Apr 20, 2011  
Secretary of State

**Entity Name:** COMMERCIAL-HOME INSTALLATION SERVICES C-HIS, INC.

**Current Principal Place of Business:**

2815 OAK RIDGE DRIVE  
GULF BREEZE, FL 32563

**New Principal Place of Business:**

**Current Mailing Address:**

2815 OAK RIDGE DRIVE  
GULF BREEZE, FL 32563

**New Mailing Address:**

FEI Number: 20-5089678

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONNOLLY, KRISTIN  
2815 OAK RIDGE DRIVE  
GULF BREEZE, FL 32563 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: CONNOLLY, KRISTIN  
Address: 2815 OAK RIDGE DRIVE  
City-St-Zip: GULF BREEZE, FL 32563

Title: VS  
Name: CONNOLLY, JEFFERY  
Address: 2815 OAK RIDGE DRIVE  
City-St-Zip: GULF BREEZE, FL 32563

I hereby 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 all other like empowered.

SIGNATURE: KRISTIN E. CONNOLLY

PT

04/20/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date