## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 23, 2007 8:00 am Secretary of State

	<b>ANNUAL</b>	REPORT	

04-23-2007 90078 046 \*\*\*150.00 DOCUMENT # P06000119012 BITTNER INSTALLATION, INC. dintina. Principal Place of Business Mailing Address 7212 NW 200TH TERRACE 7212 NW 200TH TERRACE GAINESVILLE, FL 32616 GAINESVILLE, FL 32616 2. Principal Place of Business - No P.O. Box # 7212 NW 200Th TECCACE 3. Mailing Address 7212 NW 200th Tecrace Suite, Apt. #, etc. Suite, Apt. #, etc. 01232007 CR2E034 (12/06) City & State Alach va 4. FEI Number Applied For 20-5542370 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 7. Name and Address of New Registered Agent BITTNER, PATRICK 7212 NW 200TH TERRACE GAINESVILLE, FL 32616 8. The above named entity submits this exatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 4-11-07 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D/ Addition Change tm ε Delete TITLE BITTNER, PATRICK NAME NAME 7212 NW 200TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32616 CITY-ST-ZIP TITLE ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Detete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: 2** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #