2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

4/1

FILED
May 11, 2007 8:00 am
Secretary of State

04-17-2007 90050 003 ***150.00

DOCUMENT # P06000127002

1. Entity Name
ME INSTALLATIONS, INC.

Principal Place of Business	Mailing Address
153 CAVALIER ST PALM BAY FL 32909	153 CAVALIER ST PALM BAY FL 32909

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
925 Edwards Road	925 Edwards Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Pierce, Fl	City & State: Fort Pierce, Fl
Zip: 34982 Country: USA	Zip: 34982 Country: USA

4. FEI Number 30-0384996 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRODEL, WILLIAM H
4437 CENTRAL AVE
ST PETERSBURG FL 33713

7. Name and Address of New Registered Agent

Name: Louis D Boccabella JR
Street Address (P.O. Box Number is Not Acceptable): 925 Edwards Road
City: Fort Pierce, Fl 34982 FL 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] 4/9/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOCCABELLA, LOUIS 153 CAVALIER ST PALM BAY FL 32909	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] President 4/9/07 772-466-0811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #