2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000046687

Name: Address:

City-St-Zip:

1013 MOCCASIN RUN RD

OVIEDO, FL 32765

FILED Mar 11, 2008 Secretary of State

Entity Name: AA INSTALLATION AND REPAIR INC.							
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
480 ANTLE OSTEEN, F							
Current Mailing Address:			New Mailii	New Mailing Address:			
P.O. BOX 8 OSTEEN, F							
FEI Number:	20-8860652	FEI Number Applied For ()	FEI Number Not Appli	icable ()	Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
480 ANTLE P.O. BOX 8			480 ANTLE	WHITESELL, JAMES D 480 ANTLER AVE OSTEEN, FL 32764 US			
The above in the State		ubmits this statement for the pu	rpose of changing it	ts registered	office or registered agent, or b	oth,	
SIGNATUR	E: JAMES W	HITESELL			03/11/2008		
	Electroni	c Signature of Registered Agen	t		Date		
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS	AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () WHITESELL, JA 480 ANTLER AV OSTEEN, FL 32	E	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	VP () MCCARTHY, PA 719 RALEIGH C DELTONA, FL 3	Т	Title: Name: Address: City-St-Zip:	MCCARTHY, F	STER SQUARE		
Title: Name: Address: City-St-Zip:	SEC () WHITESELL, EV 480 ANTLER AV OSTEEN, FL 32	E	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name:	DIR () WHITESELL, RI	Delete CHARD D	Title: Name:	() Change () Addition		

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.

Address:

City-St-Zip:

SIGNATURE: JAMES WHITESELL **PRES** 03/11/2008