

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P08000088377

**FILED**  
**Jul 16, 2009**  
**Secretary of State**

**Entity Name:** HOME PRO INSTALLERS, INC.

## **Current Principal Place of Business:**

2036 MAYPORT ROAD  
JACKSONVILLE, FL 32233

## **New Principal Place of Business:**

8818 GOODBYS EXECUTIVE DRIVE  
SUITE 220  
JACKSONVILLE, FL 32217

## **Current Mailing Address:**

C/O ANSBACHER & MCKEEL, P.A.  
8818 GOODBYS EXECUTIVE DRIVE  
JACKSONVILLE, FL 32217

## **New Mailing Address:**

C/O ANSBACHER & MCKEEL, P.A.  
8818 GOODBYS EXECUTIVE DRIVE, SUITE 100  
JACKSONVILLE, FL 32217

**FEI Number:** 26-3412137

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANSBACHER & MCKEEL, P.A.  
8818 GOODBYS EXECUTIVE DRIVE  
JACKSONVILLE, FL 32217 US

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

ANSBACHER & MCKEEL, P.A.  
8818 GOODBYS EXECUTIVE DRIVE, SUITE 100  
JACKSONVILLE, FL 32217 US

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

07/16/2009

Date

## **OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MACKINNON, TAMI Z  
Address: 2036 MAYPORT ROAD  
City-St-Zip: JACKSONVILLE, FL 32233

Title: D (X) Delete  
Name: WINKLER, LYNN H  
Address: 2036 MAYPORT ROAD  
City-St-Zip: JACKSONVILLE, FL 32233

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: MACKINNON, TAMI Z  
Address: 8818 GOODBYS EXECUTIVE DRIVE, SUITE 220  
City-St-Zip: JACKSONVILLE, FL 32217

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: TAMI Z. MACKINNON

D

07/16/2009

Electronic Signature of Signing Officer or Director

Date