

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P92000006081

**FILED**  
**Feb 10, 2011**  
**Secretary of State**

**Entity Name:** INSTALLER INSTITUTE, INC.

**Current Principal Place of Business:**

8 TWELVE OAKS  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

460 WALKER STREET  
HOLLY HILL, FL 32117

**Current Mailing Address:**

C/O CHOBEE EBBETS  
210 S. BEACH STREET, SUITE 200  
DAYTONA BEACH, FL 32114 US

**New Mailing Address:**

**FEI Number:** 59-3121706      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

EBBETS, CHOBEE  
210 SOUTH BEACH STREET  
SUITE 200  
DAYTONA BEACH, FL 32114 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:** DPST  
**Name:** JONES, WILLIAM H JR.  
**Address:** 8 TWELVE OAKS  
**City-St-Zip:** ORMOND BEACH, FL 32174

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: WILLIAM H. JONES, JR.

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02/10/2011

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

\_\_\_\_\_  
Date