

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000023445**

1. Entity Name  
**ELITE INSTALLATION SERVICES COMPANY**



Principal Place of Business  
**865 CREATIVE DRIVE  
STE A  
LAKELAND, FL 33813 US**

Mailing Address  
**P.O. BOX 7722  
LAKELAND, FL 33807 US**



01102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FCI Number <b>59-3184488</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**TEETS, MICHAEL A  
P.O. BOX 7722  
1713 ATHENS CT  
LAKELAND, FL 33803**

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and his if applicable.

(NOTE: Registered Agent signature required when certifying)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P TEETS, MICHAEL A 3722 FEATHERWOOD TR LAKELAND, FL 33813</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V CRIDER, CHRISTOPHER 3722 FEATHERWOOD TRAIL LAKELAND, FL 33813</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S CHRISTIAN, WILLIAM W 1949 60TH ST. N. ST. PETERSBURG, FL 33710</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T TEETS, NANCY 1949 60TH ST. N. ST. PETERSBURG, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/06 863/646-9291  
Date  
Daytime Phone #