

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90039 026 ***150.00

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1. Entity Name

ELITE INSTALLATION SERVICES COMPANY



Principal Place of Business

4779 DRANEFIELD RD
LAKELAND FL 33811
US

Mailing Address

P.O. BOX 7722
LAKELAND FL 33807
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3184488

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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, typed or printed name of registered agent and date of application.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P
TEETS, MICHAEL A
1713 ATHENS CT
LAKELAND FL 33803 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V
CRIDER, CHRISTOPHER
4819 N. 7TH AVE.
SAINT PETERSBURG FL 33713 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
S
CHRISTIAN, WILLIAM W
1949 60TH ST. N.
ST. PETERSBURG FL 33710 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
T
~~TEETS, NANCY~~
~~405 W. POINSETTIA ST~~
~~LAKELAND FL 33809~~ ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
KAREN CHRISTIAN (T)
1949 - 60th N.
ST PETERS BURG, FL 33710 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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:

Michael A. Teets

MICHAEL A TEETS, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

863/646-7291