

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90112 001 ***300.00

DOCUMENT # P95000058576

1. Entity Name
K & S INSTALLATIONS, INC.



Principal Place of Business 744 BARNETT DR #3 LAKE WORTH, FL 33461 US	Mailing Address 744 BARNETT DR #3 LAKE WORTH, FL 33461 US
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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

04242008 Chg-P CR2E034 (12/06)

4. FEI Number **65-0596015** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SORBER, LINDA L
12970 51ST CT N
ROYAL PALM BCH, FL 33411**

7. Name and Address of New Registered Agent
Name **Jeffrey Geraci**
Street Address (P.O. Box Number is Not Acceptable) **262 Beringer Walk**
City **Wellington** FL Zip Code **33414**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	P/D/T	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SORBER, LINDA L			NAME	Jeffrey Geraci		
STREET ADDRESS	12970 51ST CT N			STREET ADDRESS	262 Beringer Walk		
CITY - ST - ZIP	ROYAL PALM BCH, FL			CITY - ST - ZIP	Wellington, FL 33414		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	VP/D/S	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SORBER, JAMES J			NAME	Sandra Geraci		
STREET ADDRESS	12970 51ST CT N			STREET ADDRESS	262 Beringer Walk		
CITY - ST - ZIP	ROYAL PALM BCH, FL			CITY - ST - ZIP	Wellington, FL 33414		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

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

4-30-2008 561-267-0104

Date Daytime Phone #