


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # P96000023092 1. Entity Name DIVISION TWELVE INSTALLATION MANAGEMENT, INC.	
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Principal Place of Business 813 NW 22 STREET GAINESVILLE, FL 32603	Mailing Address 813 NW 22 STREET GAINESVILLE, FL 32603
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02032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3369283	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NEEL, DIANA 813 NW 22 STREET GAINESVILLE, FL 32603
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEEL, DIANA 813 NW 22ND STT GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEEL, STEVE 813 22ND ST GAINESVILLE, FL
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03/02/05-80014-018 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: DIANA NEEL PRESIDENT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3/1/05 <small>Date</small>	352 374-8167 <small>Daytime Phone #</small>
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