

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000010927 1. Entity Name COMMERCIAL INSTALLATION SYSTEMS, INC.	
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Principal Place of Business 6175 WOODROW WILSON BLVD. N.E. ST. PETERSBURG, FL 33703	Mailing Address 6175 WOODROW WILSON BLVD. N.E. ST. PETERSBURG, FL 33703
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02092006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3420700	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ROUNTREE, MICHAEL J 6175 WOODROW WILSON BLVD NE SAINT PETERSBURG, FL 33703

**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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

000000480305
04/10/06-80039-004 150.00

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	P ROUNTREE, MICHAEL J 6175 WOODROW WILSON BLVD. N.E. ST. PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROUNTREE, NORA F 6175 WOODROW WILSON BLVD. N.E. ST. PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Nora Rountree NORA ROUNTREE 3/22/06 727-525-2372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #