

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # P97000016601

1. Entity Name
STORE INSTALLATION SERVICES, INC.



Principal Place of Business
**1923 ROLLINGS GREEN CIRCLE
SARASOTA, FL 34240**

Mailing Address
**1923 ROLLINGS GREEN CIRCLE
SARASOTA, FL 34240**



02272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0737297

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCGINNESS, W. LEE
1800 SECOND STREET
SUITE 750
SARASOTA, FL 34236**

**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)

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**

U00000895881
04/24/08-80086-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	H RANDALL SIMON
STREET ADDRESS	539 PINCINANA DR
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	VP
NAME	SIMON, BRET A
STREET ADDRESS	1923 ROLLING GREEN CIR
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	S
NAME	SIMON, JIL
STREET ADDRESS	929 SW 17TH STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #