

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 24, 2006 8:00 am
Secretary of State

07-24-2006 90002 040 ***150.00

DOCUMENT # P97000106523

1. Entity Name

MARRIS INSTALLATIONS, INC.



Principal Place of Business

~~179 G N HWY 27~~
~~CLERMONT FL 34711~~

Mailing Address

650 EAST AVENUE
CLERMONT FL 34711

2. Principal Place of Business

1650 EAST AVE.

3. Mailing Address

SAME

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/06)

City & State

Clermont, FL

City & State

4. FEI Number

59-3491973

Applied For

Not Applicable

Zip

34711

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARRIS, PETE E
179-G N HWY 27
CLERMONT FL 34711

7. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 6, 2006

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

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
MARRIS, PETE
~~179 NORTH HIGHWAY 27~~
CLERMONT FL 34711 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
~~MARRIS~~ LOUANNE
650 EAST AVENUE
CLERMONT FL 34711 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
STEBBINS, CHRIS
179-G N HWY 22
CLERMONT FL 34711 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ 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
1650 EAST AVE.
Clermont, FL 34711

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
LOUANNE MARRIS

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
☐ Change ☐ Addition

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:

Pete Marris

Pete MARRIS

7/19/06

352-267-1590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #