

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 23, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # P98000012917**

1. Entity Name  
COLLINS PVC INSTALLATION, INC.



Principal Place of Business  
415 BURNT TREE LANE  
APOPKA, FL 32712

Mailing Address  
415 BURNT TREE LANE  
APOPKA, FL 32712



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3491086

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

COLLINS, MICHAEL  
415 BURNT TREE LANE  
APOPKA, FL 32712

**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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME COLLINS, MICHAEL  
STREET ADDRESS 415 BURNT TREE LANE  
CITY-ST-ZIP APOPKA, FL 32712

TITLE PVT  
NAME COLLINS, MICHAEL  
STREET ADDRESS 415 BURNT TREE LN  
CITY-ST-ZIP APOPKA, FL 32712

TITLE S  
NAME COLLINS, MELISSA  
STREET ADDRESS 415 BURNT TREE LANE  
CITY-ST-ZIP APOPKA, FL 32712

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000916770  
05/13/08-80014-012 150.00

**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]* Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-08

Date

407-8845004

Daytime Phone #