

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90021 049 ***150.00

DOCUMENT # P98000021091

1. Entity Name

DURABLE INSTALLATIONS, INC.



Principal Place of Business

**518 NW 77 ST
BOCA RATON FL 33487**

Mailing Address

**3489 HARBOR CIRCLE
DELRAY BEACH FL 33483**



2. Principal Place of Business

3489 Harbor Circle

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

DeLray Beach, FL

City & State

1

4. FEI Number

65-0820936

Applied For

Not Applicable

Zip

33403

Country

Delray Beach

Zip

33403

Country

Delray Beach

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KAPLAN, PHILIP
3489 HARBOR CIRCLE
DELRAY BEACH, FL 33483**

7. Name and Address of New Registered Agent

Name *Philip Kaplan*

Street Address (P.O. Box Number is Not Acceptable)

3489 Harbor Circle

City *DeLray Beach*

FL

Zip Code *33483*

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **KAPLAN, PHILIP**
STREET ADDRESS **3489 HARBOR CIRCLE**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

4/25/06

Date

361-703-3489

Daytime Phone #