

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000107212

1. Entity Name
THE BEAUX-ARTS INSTALLATION GROUP, INC.



Principal Place of Business
8408 BENJAMIN ROAD
TAMPA, FL 33634

Mailing Address
8408 BENJAMIN ROAD
TAMPA, FL 33634



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3547716

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANGIONE, RALPH P
201 N FRANKLIN STREET
ONE TAMPA CITY CENTER SUITE 2600
TAMPA, FL 33602

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME EVERETT, WILLIAM F
STREET ADDRESS 8408 BENJAMIN ROAD
CITY-ST-ZIP TAMPA, FL 33634

TITLE STD
NAME MCKAY, SUSAN L
STREET ADDRESS 8408 BENJAMIN ROAD
CITY-ST-ZIP TAMPA, FL 33634

TITLE V
NAME ADAMS, ANNE B
STREET ADDRESS 8408 BENJAMIN ROAD
CITY-ST-ZIP TAMPA, FL 33634

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000857132
03/14/07-80054-019 317.50

**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

Ronald L. McKay 1/24/07

Date Daytime Phone #

813-880-8686