2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000107808

1. Entity Name

ROWELL'S INSTALLATION AND HOME REPAIRS INC.



Principal Place of Business Mai

2654 NE HICKORY RIDGE AVE JENSEN BEACH, FL 34957 Mailing Address 2654 NE HICKORY RIDGE AVE JENSEN BEACH, FL 34957

FILED May 02, 2005 08:00 AM Secretary of State



						04262005	No Chg-P
DO	NOT	WRITE	IN	THIS	SPACE	4 FELNumber	_

4. FEI Number Applied For 65-0884756 Not Applied be

5. Certificate of Status Desired

\$8.75 Additional

CR2E034 (10/03)

6. Name and Address of Current Registered Agent

ROWELL, MICKEY 2654 NE HICKORY RIDGE AVE JENSEN BEACH, FL 34957

DO NOT WRITE IN THIS SPACE

IN THIS SPACE

	named entity submits this statement for the painns of registered agent.	urpose of changing its registered offi	ce or re	gistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET AODRESS CITY-ST-ZIP	P ROWELL, MICKEY 2654 N.E. HICKORY RIDGE AVENUE JENSEN BEACH, FL 34957				
TITLE NAME STREET ADDRESS CITY-S1-ZIP					U00000352831 05/03/05-80044-007 150.00
TITLE NAME STREET ADDRESS				DΩ	NOT WRITE
CITY ST ZIP				DO	NOI WHILE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
NAME
STREET ADDRESS

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-128/05

772-334-670C