## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 17, 2006 08:00 AM Secretary of State DOCUMENT # P99000111441 1. Entity Name DUBOIS INSTALLATIONS INC. Principal Place of Business Mailing Address 4316 POWDERHORN CT. W 4316 POWDERHORN CT. W MIDDLEBURG, FL 32068 MIDDLEBURG, FL 32068 01122006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3616702 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent KING, DAVID A ESQ. DO NOT WRITE 1416 KINGSLEY AVE ORANGE PARK, FL 32073 IN THIS SPACE 3. 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 englicable (NOTE: Registered Agent signature required when reinstation) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS me DUBOIS, JERRY D NAME ///00/000389229 01/20/06-80036-010 158.75 STREET ADDRESS 4316 POWERHORN CT, W CITY-ST-ZIP MIDDLEBURG, FL 32068 TITLE NAME DUBOIS, SUSAN T STREET ADDRESS 4316 POWERHORN CT.W CITY-ST-ZIP MIDDLEBURG, FL 32068 4124 DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP mnF

12. I hereby certify that the information supplied with this filling 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 bustee 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 addresse with all other like empowered.

 $(\times)$ 

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 12 2001 904-28

FILED