

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # S23996

1. Entity Name
INSTANT HOME AND STRUCTURE CORP.



Principal Place of Business
**6621 19TH ST. E.
SARASOTA, FL 34270-0805**

Mailing Address
**904 CYPRESS WOOD LANE
SARASOTA, FL 34243**



04302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0266975	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COOLEY, W. TRACY
904 CYPRESS WOOD LANE
SARASOTA, FL 34243**

**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 _____ (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 **COOLEY, W. TRACY, SR.**
STREET ADDRESS **904 CYPRESSWOOD LANE**
CITY-ST-ZIP **SARASOTA, FL**

TITLE **D**
NAME **COOLEY, MARIE R.**
STREET ADDRESS **904 CYPRESSWOOD LANE**
CITY-ST-ZIP **SARASOTA, FL**

TITLE **D**
NAME **COOLEY, WILLIAM T JR.**
STREET ADDRESS **904 CYPRESS WORD LANE**
CITY-ST-ZIP **SARASOTA, FL 34243**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

U00000946303
05/30/08-80044-004 150.00

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #