


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 07, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # V72201</b> 1. Entity Name LONGHORN INSTALLATIONS, INC.		
Principal Place of Business 4212 N. DOWNING STREET TAMPA, FL 33603-4429	Mailing Address 4212 N. DOWNING STREET TAMPA, FL 33603-4429	



02072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3147086	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

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IN THIS SPACE**

6. Name and Address of Current Registered Agent  HYDE, SHARON E 4212 N. DOWNING STREET TAMPA, FL 33603-4429		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HYDE, MARK S 4212 N DOWNING STREET TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HYDE, SHARON E 4212 N. DOWNING TAMPA, FL 33603
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Sharon E Hyde*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHARON E HYDE, VICE PRESIDENT

*April 4, 2005*  
Date  
813-238-8024