2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005
Secretary of State

DOCUMENT# P03000116803

Entity Name: POLK COUNTY INSULATION, INC.

Current Principal Place of Business:

490 RALPH ST
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1142
BARTOW, FL 33831

New Mailing Address:

FEI Number: 20-0328105 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, MICHAEL L
490 RALPH ST
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DAVIS, MICHAEL
Address: 490 RALPH ST
City-St-Zip: BARTOW, FL 33830

Title: D ( ) Delete
Name: HANMER, JOANN
Address: 550 RALPH ST.
City-St-Zip: AUBURNDALE, FL 33823

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: HANMER, JOANN
Address: 425 AVENUE J SE
City-St-Zip: WINTER HAVEN, FL 33880

Title: VPD ( ) Change (X) Addition
Name: DAVIS, DEBBIE L
Address: 490 RALPH ST
City-St-Zip: BARTOW, FL 33830

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL DAVIS PD 03/02/2005

Electronic Signature of Signing Officer or Director Date