## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000007302

Name:

Address:

City-St-Zip:

Entity Name: BCLINSULATION OF JACKSONVILLE INC

FILED Feb 24, 2006 Secretary of State

Entity Name: BCI INSULATION OF JACKSONVILLE, INC.						
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
2504 HWY FORT VAL	′. 96 .LEY, GA 310	30				
Current M	lailing Addre	ss:	New Maili	New Mailing Address:		
P.O. BOX FORT VAL	892 .LEY, GA 310	30				
FEI Number: 55-0902186 FEI Number Applied For ( )			FEI Number Not App	FEI Number Not Applicable ( ) Certificate of Status Desired ( )		
Name and	Address of (	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
880 A1A B	TH, JASON EACH BLVD. ISTINE, FL 32		899 SCRU	FAIRCLOTH, JASON 899 SCRUB JAY DR. ST. AUGUSTINE, FL 32092 US		
	named entity of Florida.	submits this statement for the	e purpose of changing i	ts registere	ed office or registered agent, or both,	
SIGNATUR			02/24/2006			
	nic Signature of Registered A	gent		Date		
Election Car	npaign Financin	g Trust Fund Contribution ( ).				
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	C ( BENTLEY, KE' P.O. BOX 892 FORT VALLEY		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VC ( HOOTS, BENJ P.O. BOX 892 FORT VALLEY		Title: Name: Address: City-St-Zip:		( ) Change() Addition	
Title <sup>.</sup>	(	) Delete	Title <sup>.</sup>	VC	( ) Change (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

FAIRCLOTH, JASON 899 SCRUB JAY DR.

ST. AUGUSTINE, FL 32092

SIGNATURE: KEVIN W BENTLEY C 02/24/2006