

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000116803

**Entity Name:** POLK COUNTY INSULATION, INC.

**Current Principal Place of Business:**

308 GRIMES DR.  
AUBURNDALE, FL 33823

**Current Mailing Address:**

308 GRIMES DR.  
AUBURNDALE, FL 33823

**FEI Number:** 20-0328105

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MANDISH, DEBBIE LPD  
308 GRIMES DR.  
AUBURNDALE, FL 33823 US

*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

**Officer/Director Detail :**

Title PD  
Name MANDISH, DEBBIE LPD  
Address 308 GRIMES DR.  
City-State-Zip: AUBURNDALE FL 33823

Title VP  
Name MANDISH, PHILIP S  
Address 308 GRIMES DR.  
City-State-Zip: AUBURNDALE FL 33823

*I hereby 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 all other like empowered.*

**SIGNATURE:** DEBBIE MANDISH

**PRESIDENT**

**01/31/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date