

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000018106

**Entity Name:** L AND J INSULATION CORPORATION

**Current Principal Place of Business:**

1650 MARGARET STREET  
302-348  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

1650 MARGARET STREET  
302-348  
JACKSONVILLE, FL 32204

**FEI Number:** 45-3761178

**Certificate of Status Desired:** No

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

STOWERS, KENDRICK D  
1650 MARGARET STREET  
302-348  
JACKSONVILLE, FL 32204 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 P  
Name STOWERS, KENDRICK D  
Address 1650 MARGARET STREET  
City-State-Zip: JACKSONVILLE, FL 32204

*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:** KENDRICK STOWERS

**OWNER**

**04/23/2024**

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

\_\_\_\_\_  
Date