


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 234041</b> 1. Entity Name <b>BIGHAM INSULATION AND SUPPLY CO., INC.</b>	
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Principal Place of Business <b>2816 S.W. 3RD AVENUE BOX 22146 FT LAUDERDALE FL 33335</b>	Mailing Address <b>2816 S.W. 3RD AVENUE BOX 22146 FT LAUDERDALE FL 33335</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number <b>59-0883075</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
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6. Name and Address of Current Registered Agent  <b>BRYANT, ROBERT E 2816 SW 3RD AVE FT LAUDERDALE FL 33315</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and date. NOTE: Registered Agent signature required when "re-registering".

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete BRYANT, ROBERT E. 3901 SW 132 AVE. MIRAMAR FL 33027
TITLE	VD <input type="checkbox"/> Delete COLLIER JR., JAMES P. 14148 OKEECHOBEE BLVD LOXAHATCHEE FL 33470
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Robert E Bryant* **ROBERT E BRYANT** 4-208 954-522-2887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR