

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 499677

FILED
Jan 16, 2006
Secretary of State

Entity Name: REEVES INSULATION, INC.

Current Principal Place of Business:

7028 DAVIS CREEK RD
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

7028 DAVIS CREEK RD
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 59-1662915

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAROCCA, ROBERT A.
12846 BRADY RD
JACKSONVILLE, FL 32223 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: LAROCCA, ROBERT,
Address: 12846 BRADY RD
City-St-Zip: JACKSONVILLE, FL

Title: ST () Delete
Name: LAROCCA, JUDITH C
Address: 12846 BRADY RD
City-St-Zip: JACKSONVILLE, FL

Title: VOC () Delete
Name: LAROCCA, ROBERT A
Address: 10605 QUAIL RIDGE DR
City-St-Zip: ST AUGUSTINE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LAROCCA, ROBERT A SR.
Address: 12846 BRADY RD
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: ST (X) Change () Addition
Name: LAROCCA, JUDITH C
Address: 12846 BRADY RD
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: P (X) Change () Addition
Name: LAROCCA, ROBERT A JR.
Address: 10605 QUAIL RIDGE DR
City-St-Zip: ST. AUGUSTINE, FL 32095 US

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.

SIGNATURE: ROBERT A. LAROCCA, SR.

D

01/16/2006

Electronic Signature of Signing Officer or Director

Date