# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 28, 2012**
**Secretary of State**

DOCUMENT# 499677

**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 SR.
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

**OFFICERS AND DIRECTORS:**

Title: DCEO
Name: LAROCCA, ROBERT A SR.
Address: 12846 BRADY RD
City-St-Zip: JACKSONVILLE, FL 32223 US

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

Title: P
Name: LAROCCA, ROBERT A JR.
Address: 10605 QUAIL RIDGE DR
City-St-Zip: PONTE VEDRA, FL 32081 US

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: ROBERT A. LAROCCA, SR. DCEO 03/28/2012

Electronic Signature of Signing Officer or Director Date