2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 555312

1. Entity Name
DAVIDSON INSULATION & ACOUSTICS, INC.

Principal Place of Business	Mailing Address
2200 MURPHY CT NORTH PORT, FL 34289 US	P.O. BOX 380939 MURDOCK, FL 33938-0939 US

04052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1783032
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BLANCHARD, EDWARD E., III
13700 LAKE POINT COURT
PORT CHARLOTTE, FL 33953

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	BLANCHARD, EDWARD E.,III
STREET ADDRESS	13700 LAKE POINT CT
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953
TITLE	V
NAME	BLANCHARD, EDWARD E IV
STREET ADDRESS	5719 EASTWIND DR
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	S
NAME	BLANCHARD, CONSTANCE B
STREET ADDRESS	13700 LAKE POINT CT
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/22/06-80044-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: E. E. Blanchard III April 5, 2006 (941) 429-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

EDWARD E. BLANCHARD, III