

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90039 023 \*\*\*150.00

**DOCUMENT # 619939**

1. Entity Name

THERMO-SHIELD HOMES, INC.



Principal Place of Business

~~1310 OLD KINGS RD.~~ 24 Laurel Oak Cir  
~~HOLLY HILL FL 32117~~  
US ORMOND BEACH FL 32174

Mailing Address

~~1310 OLD KINGS RD.~~ 24 Laurel Oak Cir  
~~HOLLY HILL FL 32117~~  
US ORMOND BEACH FL 32174

2. Principal Place of Business

3. Mailing Address

24 Laurel Oak Cir  
Suite, Apt. #, etc.  
ORMOND BEACH FL.

24 Laurel Oak Cir  
Suite, Apt. #, etc.

City & State

City & State  
ORMOND BEACH FL

Zip  
32174

Country  
Volusia

Zip  
32174

Country  
Volusia

4. FEI Number

59-1908844

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KNIGHT, JIMMY D.  
~~1310 OLD KINGS RD.~~ 24 Laurel Oak Cir  
~~HOLLY HILL FL 32117~~ ORMOND BEACH FL 32174

Name

JIMMY D. KNIGHT

Street Address (P.O. Box Number is Not Acceptable)

24 Laurel Oak Cir

City

ORMOND BEACH FL.

FL

Zip Code  
32174

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

*Jimmy D. Knight*

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-19-07  
DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	HIATT, GARY	
STREET ADDRESS	108 N. RIDGEWOOD AVE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	P	<input type="checkbox"/> Delete
NAME	KNIGHT, JIMMY D.	
STREET ADDRESS	<del>1310 OLD KINGS RD.</del> 24 Laurel Oak Cir	
CITY-ST-ZIP	<del>HOLLY HILL FL 32117</del> ORMOND BEACH FL 32174	
TITLE	S	<input type="checkbox"/> Delete
NAME	KNIGHT, DANNY K	
STREET ADDRESS	5 RAINTREE LN.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	T	<input type="checkbox"/> Delete
NAME	KNIGHT, JIMMY D	
STREET ADDRESS	<del>1310 OLD KINGS RD.</del> 24 Laurel Oak Cir	
CITY-ST-ZIP	<del>HOLLY HILL FL 32117</del> ORMOND BEACH FL 32174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Jimmy D. Knight*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-07

Date

386 931-0511

Daytime Phone #