2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2007 8:00 am
Secretary of State
01-24-2007 90047 027 ***158.75

DOCUMENT # 619939

1. Entity Name
THERMO-SHIELD HOMES, INC.

Principal Place of Business	Mailing Address
24 LAUREL OAK CIR. ORMOND BEACH FL 32174 US	24 LAUREL OAK CIR. ORMOND BEACH FL 32174 US

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
24 Laurel oaks cir	24 Laurel Oaks Cir
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORMond Beach FL. 32174	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. 24 LAUREL OAKS CTR ORMOND BEACH FL 32174	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KNIGHT, DANNY K 111 N BROOK LN ORMOND BEACH FL 32174	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	KNIGHT, Doris Jean 24 Laurel oaks Cir. ORMond Beach, FL. 32174	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P KNIGHT, JIMMY D. 24 LAUREL OAKS CIR ORMOND BEACH FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KNIGHT, DANNY K 111 NORTH BROOK LN ORMOND BEACH FL 32174	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KNIGHT, Doris Jean 24 Laurel Oaks Cir. ORMond Beach, FL. 32174	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KNIGHT, JIMMY D 24 LAUREL OAKS CIR. ORMOND BEACH FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ 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: Jimmy D. Knight Jimmy D. KNIGHT 1-18-07 386-931-0511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #