

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

4/13/2006-90288-036-\$150.00 FILED

May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 688048					
1. Entity Name PRONTO INSULATION COMPANY					
Principal Place of Business 4150 MOORES STATION RD SANFORD FL 32771 US		Mailing Address P.O. BOX 951167 LAKE MARY FL 32773-1167			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2050906	
Zip	Country	Zip	Country	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CLIPPARD, DONNA 160 WILSON DR. LAKE MARY FL 32746			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: <u>Donna Clippard</u>			DATE: <u>4-3-2006</u>		
<small>Signature, typed or printed name of registered agent and title if applicable</small>			<small>(NOTE: Registered Agent signature required when registering)</small>		
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00. Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLIPPARD, DONNA	NAME	U00000554207		
STREET ADDRESS	160 WILSON DR	STREET ADDRESS	05/15/06-80083-003 150.00		
CITY-ST-ZIP	LAKE MARY FL 32746	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLIPPARD, GARY D	NAME			
STREET ADDRESS	4150 MOORES STATION RD	STREET ADDRESS			
CITY-ST-ZIP	SANFORD FL	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLIPPARD, GAREY L.	NAME			
STREET ADDRESS	160 WILSON DR.	STREET ADDRESS			
CITY-ST-ZIP	LAKE MARY FL 32746	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <u>Donna Clippard</u>			Date: <u>4-24-06</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		