2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2004
Secretary of State

DOCUMENT# 837462

Entity Name: LAND COAST INSULATION, INC.

Current Principal Place of Business:

POB 14110
NEW IBERIA, LA 705621110 US

New Principal Place of Business:

Current Mailing Address:

POB 14110
NEW IBERIA, LA 705621110 US

New Mailing Address:

FEI Number: 72-0739962 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: MORTON, TIM,
Address: 8110 FOREST COMMONS CT
City-St-Zip: HOUSTON, TX

Title: D ( ) Delete
Name: MORTON, MICHAEL R
Address: 108 EASTWOOD
City-St-Zip: FRANKLIN, LA

Title: ST ( ) Delete
Name: DOMINGO, ELDEN
Address: 108 CORAL REEF DRIVE
City-St-Zip: LAFAYETTE, LA

Title: P ( ) Delete
Name: MORTON, R. MICHAEL
Address: 111 OAKWOOD DRIVE
City-St-Zip: FRANKLIN, FL 70538

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change ( ) Addition
Name: SQUYRES, ROBIN
Address: 114 THIBODEAUX DR
City-St-Zip: LAFAYETTE, LA 70506

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: R. MICHAEL MORTON P 01/05/2004

Electronic Signature of Signing Officer or Director — Date