2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #838134

1. Entity Name SHOOK & FLETCHER INSULATION, CO.



FILED Apr 28, 2005 8:00 am Secretary of State

04-28-2005 90154 010 ***150.00

| | | | | See William | | | | | | | |
|--|-----------------------|---|------------------------|--|--------------------------------|---------------------|---------------------|----------------------------|------------|--|--|
| Principal Plac 4625 VALLE P.O. BOX 38 BIRMINGHAM | YDALE ROAD | Mailing Address 4625 VALLEYDALE ROAD P.O. BOX 380501 BIRMINGHAM, AL 35238-7501 | | | 140045 140045 | . 11 | Rij debij debij bij | | | | |
| 2. Principal P | ace of Business | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04212005 | Chg-P | CR2E | 34 (10/03) | | | | |
| City & State | | City & State | | 4. FEI Numb 63-027 | | | - | plied For ot Applicable | | | |
| Zip Country | | Zip | Country | | 5. Certificate | of Status Desired | | \$8.75 Add | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | | | |
| CT CORP | DRATION SYSTEM | | | Name | | • | | | | | |
| 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| | | | | City | ity 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 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, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution. | | | gn Financi ibution. | cing , | \$5.00 May Be Added to Fees | | | | | | |
| 10. | OFFICERS AND D | DIRECTORS | 11. | | ADDITIONS | /CHANGES TO OFF | ICERS AND | DIRECTOR | S IN 11 ' | | |
| TITLE | D | | | | 7.001110110 | , 0.11111020 10 011 | 10211071112 | | | | |
| NAME | KILLON, WAYNE W SR | Delete | TITLE | | | | | ☐ Change | ☐ Addition | | |
| STREET ADDRESS | 4625 VALLEY DALE RD | | NAME | T ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | ST-ZIP | | | | | | | |
| | BIRMINGHAM, AL 35242 | | Gil Y-S | 21-71 | | | | | | | |
| TITLE | V | Delete | TITLE | | | | | Change | Addition | | |
| NAME | OWINGS, W. L. | | NAME | | | | | | | | |
| STREET ADDRESS | 4625 VALLEYDALE RD | | 4 | T ADDRESS | | | | | | | |
| CITY-ST-ZIP | BIRMINGHAM, AL 35242 | | CITY- | ST-ZIP | | | | | | | |
| TITLE | V | ☐ Delete | TITLE | - | | | | Change | ☐ Addition | | |
| NAME | JACKSON, J. D. | | NAME | | | | | | | | |
| STREET ADDRESS | 4625 VALLEYDALE ROAD | | STREE | T ADDRESS | | | | | | | |
| CITY-ST-ZIP | BIRMINGHAM, AL 35242 | | спу-: | ST-ZIP | | | | | | | |
| TITLE | VFTS | ☐ Delete | TITLE | | | | | ☐ Change | ☐ Addition | | |
| NAME | STRICKLIN, RICKY | | NAME | | | | | | | | |
| STREET ADDRESS | 4625 VALLEYDALE ROAD | | STREE | T ADDRESS | | | | | | | |
| CITY-ST-ZIP | BIRMINGHAM, AL 35242 | | CITY- | ST-ZIP | | | | | | | |
| TITLE | P | Delete | TITLE | | | | | Change | Addition | | |
| NAME | KILLION, WAYNE W. JR. | | NAME | | | | | - | | | |
| STREET ADDRESS | 4625 VALLEY DALE RD | | STREE | T ADDRESS | | | | | | | |
| CITY-ST-ZIP | BIRMINGHAM, AL 35242 | | | ST-ZIP | | | | | 1 | | |
| TITLE | | ☐ Delete | TITLE | | | 4 4 | * | Change - | . Addition | | |
| NAME , ; | 7 1500 E | | NAME | | | | | - | | | |
| STREET ADDRESS | Connection | for the second of the | STREE | T ADDRESS | 1.7 | | | | | | |
| CITY-ST-ZIP | | 1 75 | | 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.

Ricky M. Stricklin

| SIG | NIA: | ΛTI | E |
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

205-991-7606