2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F00000004950

1. Entity Name
INSULATION SPECIALISTS, INCORPORATED

Principal Place of Business	Mailing Address
501 WESTOVER AVENUE HOPEWELL, VA 23860	501 WESTOVER AVENUE HOPEWELL, VA 23860

DO NOT WRITE IN THIS SPACE

02212006 No Chg-P CR2E034 (11/05)

4. FEI Number
56-1124201

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GAYNESS, DEWARD L
4635 FOREST GLEN COURT
JACKSONVILLE, FL 32224

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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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	HYATT, D. BOWEN
STREET ADDRESS	501 WESTOVER AVENUE
CITY-ST-ZIP	HOPEWELL, VA 23860
TITLE	D
NAME	HYATT, O. EWING
STREET ADDRESS	501 WESTOVER AVENUE
CITY-ST-ZIP	HOPEWELL, VA 23860
TITLE	T/D
NAME	MARSHALL, JOSEPH F JR
STREET ADDRESS	501 WESTOVER AVENUE
CITY-ST-ZIP	HOPEWELL, VA 23860
TITLE	VP/D
NAME	ANDERSON, KATHRYN M
STREET ADDRESS	501 WESTOVER AVENUE
CITY-ST-ZIP	HOPEWELL, VA 23860
TITLE	S/D
NAME	ELIADES, PETER D
STREET ADDRESS	408 N. 6TH AVE
CITY-ST-ZIP	HOPEWELL, VA 23860
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/15/06-80045-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Joseph F. Marshall, J 2/22/06 804-458-0134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #