2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004950

Address:

City-St-Zip:

408 N. 6TH AVE

HOPEWELL, VA 23860

Entity Name: INSULATION SPECIALISTS, INCORPORATED

FILED Apr 02, 2009 Secretary of State

Littly Nai	IIIE. INSOLAT	TION SECIALISTS, INCORPOR	KATED		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	OVER AVENI LL, VA 23860	UE			
Current Mailing Address:			New Mailing Address:		
	OVER AVENI LL, VA 23860	UE			
FEI Number:	: 56-1124201	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
GAYNESS, DEWARD L 4635 FOREST GLEN COURT JACKSONVILLE, FL 32224 US			ATHEY, LUCY M 1417 SADLER ROAD #101 FERNANDINA BEACH	1417 SÁDLER ROAD	
	named entity e of Florida.	submits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: LUCY M ATHEY				04/02/2009	
	Electro	nic Signature of Registered Age	nt	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CP (HYATT, D. BO) 501 WESTOVE HOPEWELL, V	ER AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T/D (MARSHALL, JO 501 WESTOVE HOPEWELL, V	ER AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP/D (ANDERSON, K 501 WESTOVE HOPEWELL, V	ER AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S/D (ELIADES, PET) Delete ER D	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: KATHRYN M ANDERSON VP 04/02/2009