

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90294 023 ***150.00

DOCUMENT # F04000002630

1. Entity Name
WILSON INSULATION COMPANY



Principal Place of Business
**5350 SNAPPINGER WOODS DRIVE
DECATUR, GA 30035**

Mailing Address
**5350 SNAPPINGER WOODS DRIVE
DECATUR, GA 30035**

50050932



2. Principal Place of Business
2500 Lantrac Court
Suite, Apt. #, etc.

3. Mailing Address
495 South High Street
Suite, Apt. #, etc.
Suite 50

04292005 Chg-P CR2E034.(10/03)

City & State
Decatur, GA
Zip
30035 Country
USA

City & State
Columbus, OH
Zip
43215-5689 Country
USA

4. FEI Number
58-1650500 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name
No Change
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

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 Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCD	<input checked="" type="checkbox"/> Delete
NAME	WILSON, ROBERT A SR.	
STREET ADDRESS	5350 SNAPPINGER WOODS DRIVE	
CITY-ST-ZIP	DECATUR, GA 30035	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	WILSON, REBECCCA J	
STREET ADDRESS	5350 SNAPPINGER WOODS DRIVE	
CITY-ST-ZIP	DECATUR, GA 30035	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William W. Jenkins	
STREET ADDRESS	495 South High St, Ste 50	
CITY-ST-ZIP	Columbus, OH 43215-5689	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael T. Miller	
STREET ADDRESS	495 South High St, Ste 50	
CITY-ST-ZIP	Columbus, OH 43215-5689	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott W. Lyons	
STREET ADDRESS	495 South High St, Ste 50	
CITY-ST-ZIP	Columbus, OH 43215-5689	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shelley A. McBride	
STREET ADDRESS	495 South High St, Ste 50	
CITY-ST-ZIP	Columbus, OH 43215-5689	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott W. Lyons

4/29/05

614-221-3399
ext. 252