

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90064 024 ***150.00

DOCUMENT # F95000000311		
1. Entity Name 31-W INSULATION CO., INC.		

Principal Place of Business 107 FLAT RIDGE RD GOODLETTSVILLE, TN 37072	Mailing Address 107 FLAT RIDGE RD GOODLETTSVILLE, TN 37072
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2. Principal Place of Business 7434 Cycle Lane Suite, Apt. #, etc.	3. Mailing Address 7434 Cycle Lane Suite, Apt. #, etc.
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City & State Goodlettsville TN	City & State Goodlettsville TN
Zip 37072	Zip 37072
Country USA	Country USA



01232006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent DISBY, OWNBIY 429 COPELAND ST JACKSONVILLE, FL 32204		7. Name and Address of New Registered Agent Name Edwin Ownbey Street Address (P.O. Box Number is Not Acceptable) 429 Copeland St City Jacksonville FL Zip Code 32204	
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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 Edwin Ownbey (NOTE: Registered Agent signature required when reinstating) DATE 1-25-06

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAY, KENNETH W 109 FLAT RIDGE RD GOODLETTSVILLE, TN 37072 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7434 Cycle Lane Goodlettsville TN 37072 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DAY, JEAN 109 FLAT RIDGE RD GOODLETTSVILLE, TN 37072 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7434 Cycle Lane Goodlettsville TN 37072 ☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Purd Hair DATE 1/23/06 DAYTIME PHONE # 615-643-8494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR