

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G36133

FILED
Feb 19, 2004
Secretary of State

Entity Name: ACTION INSULATION & COATING, INC.

Current Principal Place of Business:

% LOUIS S. WELCH
121 SO. DESOTO AVE.
ARCADIA, FL 34266 US

New Principal Place of Business:

Current Mailing Address:

% LOUIS S. WELCH
121 SO. DESOTO AVE.
ARCADIA, FL 34266 US

New Mailing Address:

FEI Number: 59-2284922

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELCH, LOUIS S.
121 SO. DESOTO AVE.
ARCADIA, FL 34266

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WELCH, LOUIS S.
Address: 4779 PROVAU RD
City-St-Zip: NOCATEE, FL 34628

Title: VST () Delete
Name: WELCH, BETTY L.,
Address: 4779 PROVAU RD
City-St-Zip: NOCATEE, FL 34268

Title: D () Delete
Name: WILLIS, BERNARD F.,
Address: 1960 SE RHODE ISLAND RD
City-St-Zip: ARCADIA, FL 34266

Title: VP () Delete
Name: WELCH, REECE D
Address: 1960 SE MARLAND AVE
City-St-Zip: ARCADIA, FL 34266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: BETTY J. WELCH

S

02/19/2004

Electronic Signature of Signing Officer or Director

Date