


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # H48203 1. Entity Name INSULATING COATINGS CORP.	
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Principal Place of Business
**956 HWY 41 S
INVERNESS, FL 34450**

Mailing Address
**956 HWY 41 S
INVERNESS, FL 34450**



02142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2537143	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ZIEBARTH, STEVEN R
5345 HUSHPUPPY LANE
SPRING HILL, FL 34607**

**DO NOT WRITE
IN THIS SPACE**

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**

**1000000254618
03/07/05-80081-012 150.00**

10. OFFICERS AND DIRECTORS

TITLE DS PRESIDENT	
NAME RUBIN, MICHAEL D	
STREET ADDRESS 6635 E TURNER CAMP RD	
CITY-ST-ZIP INVERNESS, FL 34453	
TITLE BP CEO	
NAME ZIEBARTH, STEVEN R.	
STREET ADDRESS 5345 HUSHPUPPY LANE	
CITY-ST-ZIP SPRING HILL, FL 34607	
TITLE DVP CFO	
NAME HOOKE, WILLIAM R.	
STREET ADDRESS 3014 S LOCHVERNESS PT	
CITY-ST-ZIP INVERNESS, FL 34450	
TITLE 	
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	

**DO NOT WRITE
IN THIS SPACE**

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:  **WILLIAM R. HOOKER 3-4-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #