

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90380 019 ***150.00

DOCUMENT # H48203

1. Entity Name
INSULATING COATINGS CORP.



Principal Place of Business
956 HWY 41 S
INVERNESS, FL 34450

Mailing Address
956 HWY 41 S
INVERNESS, FL 34450

60023008



03152006 Chg-P CR2E034 (11/05)

4. FEI Number
59-2537143

Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZIEBARTH, STEVEN R
5345 HUSHPUDDY LANE
SPRING HILL, FL 34607

Name
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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**

10. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> Delete
NAME	RUBIN, MICHAEL D	
STREET ADDRESS	6635 E TURNER CAMP RD	
CITY - ST - ZIP	INVERNESS, FL 34453	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ZIEBARTH, STEVEN R.	
STREET ADDRESS	5345 HUSHPUDDY LANE	
CITY - ST - ZIP	SPRING HILL, FL 34607	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	HOOKE, WILLIAM R.	
STREET ADDRESS	3014 S LOCHVERNESS PT	
CITY - ST - ZIP	INVERNESS, FL 34450	
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	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZIEBARTH, DAVID	
STREET ADDRESS	3713 WILDWOOD DR.	
CITY - ST - ZIP	ENDWELL NY 13760	
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		
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3.24-06