

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90088 010 ***158.75

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|--|---|---|--|--|--|
| 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 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 103 Main St. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State Binghamton NY | | | |
| Zip | Country | Zip 13905 | Country USA | | |
| 6. Name and Address of Current Registered Agent ZIEBARTH, STEVEN R 5345 HUSHPUDDY LANE SPRING HILL, FL 34607 | | | 7. Name and Address of New Registered Agent Name David L. Ziebarth Street Address (P.O. Box Number is Not Acceptable) 956 S. US Highway 41 City INVERNESS FL Zip Code 34450 | | |
| 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 David L. Ziebarth 4-17-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS RUBIN, MICHAEL D 6635 E TURNER CAMP RD INVERNESS, FL 34453 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP ZIEBARTH, STEVEN R. 5345 HUSHPUDDY LANE SPRING HILL, FL 34607 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP ZIEBARTH, DAVID 3713 WILDWOOD DR ENDWELL, NY 13760 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/P/V/M/S Ziebarth, David 103 Main St. Binghamton NY 13905 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/T Wood, Karen 103 Main St. Binghamton NY 13905 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/T Wood, Karen 103 Main St. Binghamton NY 13905 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/T Wood, Karen 103 Main St. Binghamton NY 13905 | <input type="checkbox"/> Change <input type="checkbox"/> 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: David L. Ziebarth - 4-17-07 800-223-8494 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |