

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H55712

FILED  
Apr 18, 2006  
Secretary of State

Entity Name: SUNCOAST INSULATORS AND ACOUSTICAL CONTRACTORS OF CITRUS COUNTY, INC.

## Current Principal Place of Business:

6044 N TALLAHASSEE RD  
P.O.BOX 2377  
CRYSTAL RIVER, FL 32629 US

## New Principal Place of Business:

## Current Mailing Address:

3790 N. HIGHWAY 441  
P.O.BOX 1150  
OCALA, FL 34478

## New Mailing Address:

FEI Number: 59-2520760      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOWEN, PATSY J PRES  
3790 N. HIGHWAY 441  
OCALA, FL 34475 US

## 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: S ( ) Delete  
Name: GOOCH, DAVID B  
Address: 247 NE 44TH AVE  
City-St-Zip: OCALA, FL 34472

Title: V ( ) Delete  
Name: GOOCH, STEPHEN N  
Address: 3790 N HIGHWAY 44  
City-St-Zip: OCALA, FL 34475

Title: V ( ) Delete  
Name: BUGBEE, DAVID,  
Address: 6044 TALLAHASSEE ROAD  
City-St-Zip: CRYSTAL RIVER, FL 32629

Title: PTD ( ) Delete  
Name: BOWEN, PATSY J  
Address: 3790 N. HWY. 441  
City-St-Zip: OCALA, FL 34475

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: GOOCH, DAVID B  
Address: 247 NE 44TH AVE  
City-St-Zip: OCALA, FL 34472

Title: PSDT (X) Change ( ) Addition  
Name: BOWEN, PATSY J  
Address: 3790 N US HWY 441  
City-St-Zip: OCALA, FL 34475

Title: VP (X) Change ( ) Addition  
Name: GOOCH, JENIFER  
Address: 3790 N. US HWY 441  
City-St-Zip: OCALA, FL 34475

Title: VP (X) Change ( ) Addition  
Name: DARNELL, MARIE A  
Address: 3790 N. US HWY 441  
City-St-Zip: OCALA, FL 34475

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: PATSY J. BOWEN

PSDT

04/18/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date