2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H81308

1. Entity Name

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FILED Feb 27, 2006 8:00 am Secretary of State 02-27-2006 90053 034 ***150.00

HADIAN K	IVER INSULATION CO., IN	O .							
Principal Plac 3416 ENTER FT. PIERCE, I	Prise RD	Mailing Address 3416 ENTERPRISE RD FT. PIERCE, FL 34982	US		 Te 1 1 1	1881 (1888 1991 18 818) (IN BIBN BIBN BIB	179 8 1 (1. 1881)
2. Principal P	face of Business	3. Mailing Address		 					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		0130	2006	Chg-P	CR2E0	34 (11/05)	
City & Stat	e	City & State			1 Number 9-2640	616	•		oplied For at Applicable
Zip	Country	Zip	Country	5. Ce	ertificate of	Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current I	Registered Agent		7. Na	me and A	ddress of New I	Registered	Agent	
l	<u> </u>	الرازية الماجه والمساور	Name						-
_	G, MARY F.	•	Street A	ddress (P.O. Rox	x Number	is Not Acceptab	le)		
	DIAN RIVER DR. E, FL 33482		~						
			City				FL	Zip Cod	ie
	named entity submits this statement for ions of registered agent.	r the purpose of changing its re	egistered office or	registered ager	nt, or both	, in the State of F		<u>- </u>	and accept
ine obligat	iona or registered agent.								
SIGNATURE_	Signature, typed or printed name of registered agent a	and the description (NOTE: I	Registered Agent signati	ve required when reins	etateoni		DATE		
Transfer of the second	Signature (1990) or princed matter or registered agent a house of the Control of	ind the it apprication							
A PER	E NOWILL EER IS \$150 OO	. 9. Election Campaign	financing 1	z: \$5.00 ма	v Be	· ·	Z. Training	基本的	New York
After M	E NOW!!! FEE IS \$150.00 ay 1, 2006, Fee will be \$550.0	O Trust Fund Contrib	ution.	Added to Fe	es (A)		不要等等		
10,	OFFICERS AND	DIRECTORS	11.	CAUTE SERVENTE	ITIONS/C	HANGES TO OF	FICERS AND		<u>ಳಾಗ್ ಚಿಎರಡಿದು.</u> RSIN 11777
TITLE	PD	Delete Delete	TITLE	700	111014370	FANGES TO OF	LICENS AND	☐ Change	Addition
NAME	NINESLING, MARY F.	D DEIGLE	, NAME						
STREET ADDRESS	9209 S. INDIAN RIVER DR.		STREET ADDRESS						
CITY-ST-ZIP	FT. PIERCE, FL		CITY-ST-ZIP						
THILE	STD	☐ Delete	TITLE					☐ Change	Addition
NAME	NINESLING, WILLIAM		NAME						
STREET ADDRESS	9209 S. INDIAN RIVER DR.		STREET ADDRESS						
CITY-ST-ZIP	FT. PIERCE, FL		CITY-ST-ZIP						
TITLE	VP	Delete	TITLE					K Change	☐ Addition
NAME STREET ADDRESS	NINESLING, WILLIAM SHAWN 864 NOA STREET		NAME STREET ADDRESS	12743	Dof	une las	ne.		
CITY-ST-ZIP	FT. PIERCE, FL 34982		CITY-ST-ZIP	Fort D	leme	ige Lar	4957		
TITLE		☐ Defete	TITLE	10,11,	, , , , , ,	, , , , ,	1.2.	☐ Change	☐ Addition
NAME	<u>.</u>		NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		Delete	TITLE					Change	Addition
NAME STREET ADDRESS	\	-	NAME STREET ADDRESS	-					
CITY-ST-ZIP	• .		CITY-ST-ZIP.						
ļ	podify that the information symplical with	this files does not qualify for	1	noteined in Cha	inter 110	Elorida Statutas	I further ger	tifu that the i	intermetion

Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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:

May 7, 1 TI Wesling Mary F.

Mary F. Ninesling, President 2/24/06 772/461-4382

Daytime Phone *