


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # H81308 1. Entity Name INDIAN RIVER INSULATION CO., INC.	
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Principal Place of Business 3416 ENTERPRISE RD FT. PIERCE, FL 34982 US	Mailing Address 3416 ENTERPRISE RD FT. PIERCE, FL 34982 US
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DO NOT WRITE IN THIS SPACE



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2640616	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

NINESLING, MARY F.
9209 S. INDIAN RIVER DR.
FT. PIERCE, FL 33482

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

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NINESLING, MARY F. 9209 S. INDIAN RIVER DR. FT. PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NINESLING, WILLIAM 9209 S. INDIAN RIVER DR. FT. PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NINESLING, WILLIAM SHAWN 12743 REFUGE LANE FORT PIERCE, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/11/07-80011-025 150.00

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IN THIS SPACE**

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: *Mary F. Ninesling Pres.* *Mary F. Ninesling* 4-1-07 772 4614382
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #