2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008
Secretary of State

DOCUMENT# H81308

Entity Name: INDIAN RIVER INSULATION CO., INC.

Current Principal Place of Business:

3416 ENTERPRISE RD
FT. PIERCE, FL 34982 US

New Principal Place of Business:

Current Mailing Address:

3416 ENTERPRISE RD
FT. PIERCE, FL 34982 US

New Mailing Address:

FEI Number: 59-2640616 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NINESLING, MARY F.
9209 S. INDIAN RIVER DR.
FT. PIERCE, FL 33482 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: PD ( ) Delete
Name: NINESLING, MARY F.,
Address: 9209 S. INDIAN RIVER DR.
City-St-Zip: FT. PIERCE, FL

Title: STD ( ) Delete
Name: NINESLING, WILLIAM,
Address: 9209 S. INDIAN RIVER DR.
City-St-Zip: FT. PIERCE, FL

Title: VP ( ) Delete
Name: NINESLING, WILLIAM SHAWN
Address: 12743 REFUGE LANE
City-St-Zip: FORT PIERCE, FL 34957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: NINESLING, MARY F.,
Address: 9209 S. INDIAN RIVER DR.
City-St-Zip: FT. PIERCE, FL 34982

Title: STD (X) Change ( ) Addition
Name: NINESLING, WILLIAM,
Address: 9209 S. INDIAN RIVER DR.
City-St-Zip: FT. PIERCE, FL 34982

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARY F. NINESLING PD 03/04/2008

Electronic Signature of Signing Officer or Director — Date