

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # H91330 1. Entity Name GATOR INSULATION OF PENSACOLA, INC.					
Principal Place of Business 3103 E. DESOTO ST. PENSACOLA FL 32503			Mailing Address 4771 BAYOU BLVD. #156 PENSACOLA FL 32503 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2815955	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CHAPMAN GEORGE RANDOLPH 3103 E. DESOTO ST PENSACOLA FL 32503				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				9. Election Campaign Financing Trust Fund Contribution. ☐	
SIGNATURE _____ Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when constituting)				DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				\$5.00 May: Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAPMAN, GEORGE RANDOLPH 3103 E. DESOTO ST PENSACOLA FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHAPMAN, WANDA K. 3103 E. DESOTO STREET PENSACOLA FL 32503	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CHAPMAN, WANDA K 3103 E DESOTO ST PENSACOLA FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *George Chapman* - *Wanda Chapman* 4-13-06 (850) 432-9001