

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K70652

FILED
Apr 19, 2007
Secretary of State

Entity Name: O'CONNELL INSULATION COMPANY, INC.

Current Principal Place of Business:

% MICHAEL P. O'CONNELL
830 NE 24TH LN #F
CAPE CORAL, FL 33909

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 151519
CAPE CORAL, FL 33915

New Mailing Address:

FEI Number: 65-0115125

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

O'CONNELL, MICHAEL P.
830 NE 24TH LN
UNIT #F
CAPE CORAL, FL 33909 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: DP () Delete
Name: O'CONNELL, MICHAEL P.,
Address: 830 NE 24TH LN #F
City-St-Zip: CAPE CORAL, FL 33909

Title: DST () Delete
Name: O'CONNELL, DEBBIE R.,
Address: 830 NE 24TH LN #F
City-St-Zip: CAPE CORAL, FL 33909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DEBBIE R. O'CONNELL

DST

04/19/2007

Electronic Signature of Signing Officer or Director

Date