

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L71778**

1. Entity Name  
J.D.S. INSULATION, INC.



Principal Place of Business  
2428 BEN FRANKLIN DR.  
DELAND, FL 32720

Mailing Address  
2428 BEN FRANKLIN DR.  
DELAND, FL 32720

**DO NOT WRITE IN THIS SPACE**



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3002414 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**8. Name and Address of Current Registered Agent**

SHAVER, JAMES D.  
2428 BEN FRANKLIN DR.  
DELAND, FL 32720

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SHAVER, NORMA C.
STREET ADDRESS	2428 BEN FRANKLIN DR.
CITY-ST-ZIP	DELAND, FL 32720
TITLE	ST
NAME	SHAVER, JAMES D.
STREET ADDRESS	2428 BEN FRANKLIN DR.
CITY-ST-ZIP	DELAND, FL 32720
TITLE	VP
NAME	SHAVER, DAVID
STREET ADDRESS	2428 BEN FRANKLIN DR.
CITY-ST-ZIP	DELAND, FL 32720
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/24/06-80086-005 150.00

**DO NOT WRITE  
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:** Norma C. Shaver Norma C. Shaver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-2006-386-736-6216