


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91052 021 \*\*\*150.00

**DOCUMENT # L98790**

1. Entity Name  
**RICE INSULATION AND GLASS, INC.**




Principal Place of Business      Mailing Address  
**8981 QUALITY ROAD**      **8981 QUALITY ROAD**  
**BONITA SPRINGS, FL 34135 US**      **BONITA SPRINGS, FL 34135 US**

2. Principal Place of Business      3. Mailing Address  
**8901 QUALITY ROAD**      **8901 QUALITY ROAD**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**BONITA SPRINGS, FL.**      **BONITA SPRINGS, FL.**  
 Zip      Country      Zip      Country  
**34135**      **USA**      **34135**      **USA**

6. Name and Address of Current Registered Agent  
**RICE, PHILIP W**  
~~**8981 QUALITY ROAD**~~  
**BONITA SPRINGS, FL 34135**



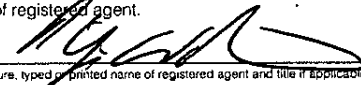
04212004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**59-3024216**      Not Applicable

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

7. Name and Address of New Registered Agent  
 Name **RICE, PHILIP W.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8901 QUALITY RD.**  
 City **BONITA SPRINGS, FL**      FL      Zip Code **34135**

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:  **PHILIP W. RICE**      DATE: **4/23/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICE, PHILIP W 8981 QUALITY ROAD BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICE, REGINA 8981 QUALITY ROAD BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DANIELS, JEFF 8981 QUALITY ROAD BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SEDA, MILTON 8981 QUALITY RD BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICE, PHILIP W. 8901 QUALITY ROAD BONITA SPRINGS, FL. 34135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICE, REGINA 8901 QUALITY ROAD BONITA SPRINGS, FL. 34135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DANIELS, JEFF 8901 QUALITY ROAD BONITA SPRINGS, FL. 34135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICE, PHILIP R. 8901 QUALITY ROAD BONITA SPRINGS, FL. 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **PHILIP W. RICE**      DATE: **4/23/04**      DAYTIME PHONE: **239-495-6744**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #