

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000024603

Entity Name: FREEDOM INSULATION, INC.

FILED
Feb 14, 2005
Secretary of State

Current Principal Place of Business:

6710 BENJAMIN RD
600
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

6710 BENJAMIN RD
600
TAMPA, FL 33634

New Mailing Address:

FEI Number: 59-3631033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LABARBERA, MICHAEL
1907 W. KENNEDY BLVD
TAMPA, FL 33606 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: PST () Delete
Name: DAT, APRIL
Address: 23142 DEL HARBOR CT
City-St-Zip: LAND O LAKES, FL 34639

Title: V () Delete
Name: ALONZO, EVAN
Address: 3901 JUDSON DR.
City-St-Zip: LAND O LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: DAY, APRIL
Address: 23142 DEL HARBOR CT
City-St-Zip: LAND O LAKES, FL 34639

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 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 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: APRIL DAY

PST

02/14/2005

Electronic Signature of Signing Officer or Director

Date