

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 05, 2005 08:00 AM**  
**Secretary of State**

|                                                  |                                                                                   |
|--------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT #</b> P00000088225                   |  |
| <b>1. Entity Name</b><br>THOMAS INSULATION, INC. |                                                                                   |

|                                                                                    |                                                                        |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <b>Principal Place of Business</b><br>1750 FRANKFORD AVE.<br>PANAMA CITY, FL 32405 | <b>Mailing Address</b><br>1750 FRANKFORD AVE.<br>PANAMA CITY, FL 32405 |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|

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06262005 No Chg-P CR2E034 (10/03)

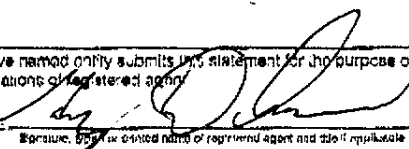
|                                                                  |                                                                                               |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <b>4. FEI Number</b><br>59-3688561                               | <input type="checkbox"/> <b>Applied For</b><br><input type="checkbox"/> <b>Not Applicable</b> |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>                                                         |

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

THOMAS, GARY D  
1750 FRANKFORD AVE.  
PANAMA CITY, FL 32405

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**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, the registered agent.**

**SIGNATURE**  **DATE** 6-30-05

Signature, Print or printed name of registered agent and date if applicable. ☐ If not, Registered Agent signature required when resigning.

|                                                                       |                                                                                                                               |                                                                                                     |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by September 7, 2005</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.</b> |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|

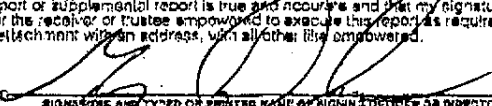
10. OFFICERS AND DIRECTORS

|                                                         |                                                                        |
|---------------------------------------------------------|------------------------------------------------------------------------|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | D<br>THOMAS, GARY D<br>1750 FRANKFORD AVE.<br>PANAMA CITY, FL 32405    |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | D<br>LUCANTE, JOSEPH<br>1750 FRANKFORD AVE.<br>PANAMA CITY, FL 32405   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | D<br>MCQUIRE, WALTER S<br>1750 FRANKFORD AVE.<br>PANAMA CITY, FL 32405 |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                        |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                        |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                        |

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07/05/05-80012-020 150.00

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**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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 507, 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:**  **DATE** 6-30-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR