


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90044 040 ***150.00

DOCUMENT # P02000097129

1. Entity Name
INSUL8, INC.



Principal Place of Business
**133 INDUSTRIAL CT.
 FREEPORT FL 32439**

Mailing Address
**P.O. BOX 488
 FREEPORT FL 32439**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

**BELSER, WILLIAM L
 635 FAIRWAY AVE. NE
 FT. WALTON BEACH FL 32547**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____

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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BELSER, WILLIAM L	
STREET ADDRESS	635 FAIRWAY AVE.	
CITY-ST-ZIP	FT. WALTON BCH. FL 32547	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHISSLER, WILLIAM H	
STREET ADDRESS	P.O. BOX 288	
CITY-ST-ZIP	FREEPORT FL 32439	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHISSLER, GEORGE D	
STREET ADDRESS	P.O. BOX 546	
CITY-ST-ZIP	FREEPORT FL 32439	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCHISSLER, FRANK M IV	
STREET ADDRESS	619 PITTS BAYSHORE DRIVE	
CITY-ST-ZIP	FREEPORT FL 32439	
TITLE	T	<input type="checkbox"/> Delete
NAME	ANDERSON, ANTHONY S	
STREET ADDRESS	513 COUNTRY CLUB DR.	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32435	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: William Schissler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____