


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000097129

1. Entity Name
INSUL8, INC.



Principal Place of Business Mailing Address

**133 INDUSTRIAL CT
 FREEPORT FL 32439** **P.O. BOX 488
 FREEPORT FL 32439**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number Applied For

11-3652646 Not Applicab.

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

6. Name and Address of Current Registered Agent

**BELSER, WILLIAM L
 635 FAIRWAY AVENUE
 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 translating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

Trust Fund Contribution.

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		

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 03/10/05-80003-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 L. Belser* **William L. BELSER** 1-26-05 850 259 7891

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