2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 8:00 am
Secretary of State
07-13-2005 90014 016 ***150.00

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1. Entity Name
INSULPRO, INC.

20063235

07092005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
6028-B BENJAMIN RD TAMPA, FL 33624	6028-B BENJAMIN RD TAMPA, FL 33624
2. Principal Place of Business: 6028 Benjamin Rd	3. Mailing Address: 6028 Benjamin Rd
Suite, Apt #, etc	Suite, Apt #, etc
City & State	City & State
Zip: 33634 Country	Zip: 33634 Country

4. FEI Number 09-0056983 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AGLIANO, JOHN J
201 N FRANKLIN ST STE 2600
TAMPA, FL 33602

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

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MILLER, JAMES W 6028-B BENJAMIN RD. TAMPA, FL 33624 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 6028 Benjamin Rd 33634
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MILLER, CHRISTOPHER 6028-B BENJAMIN RD. TAMPA, FL 33634 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 6028 Benjamin Rd 33634
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #