

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

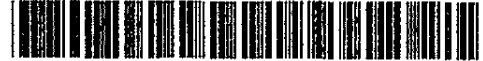
**DOCUMENT # P03000061243**

1. Entity Name  
**ADVANCED INSULATION OF NORTHWEST FLORIDA,  
INC**



Principal Place of Business  
**1631 KALAKAUA CT  
GULF BREEZE, FL 32563**

Mailing Address  
**P.O. BOX 6575  
GULF BREEZE, FL 32563**



01032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0048079**

Applied For  
☐ Not Applicable

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

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

**HICKEY, RAYMOND G  
913 GULF BREEZE PKWY  
SUITE 5  
GULF BREEZE, FL 32561**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when translating)

DATE \_\_\_\_\_

**FILE NOW! FEE IS \$150.00  
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
**P**  
NAME  
**SHOEMAKER, TOM**  
STREET ADDRESS  
**1631 KALAKAUA CT**  
CITY - ST - ZIP  
**GULF BREEZE, FL 32563**

TITLE  
**VP**  
NAME  
**SHOEMAKER, BETH**  
STREET ADDRESS  
**1631 KALAKAUA CT**  
CITY - ST - ZIP  
**GULF BREEZE, FL 32563**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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CITY - ST - ZIP

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IN THIS SPACE**

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01/11/06-90125-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Beth Shoemaker* **Beth Shoemaker** 12/30/05 850-932-6002