


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 29, 2004 8:00 am**  
**Secretary of State**

05-26-2004 90003 026 \*\*\*150.00

<b>DOCUMENT # P03000090758</b> 1. Entity Name <b>COMFORT MAKERS INSULATION, INC.</b>																													
Principal Place of Business <b>2731 NE JACKSONVILLE ROAD (200A) OCALA, FL 34470</b>			Mailing Address <b>2731 NE JACKSONVILLE ROAD (200A) OCALA, FL 34470</b>																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	4. FEI Number <b>04222004</b> Chg-P <b>CR2E034 (10/03)</b> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent  <b>AYRES, BENJAMIN H 445 NE 8TH AVE OCALA, FL 34470</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
<b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>SHOTWELL, GEORGE C JR</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>PO BOX 816</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>OCALA, FL 34478</b></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	NAME	<b>SHOTWELL, GEORGE C JR</b>		STREET ADDRESS	<b>PO BOX 816</b>		CITY-ST-ZIP	<b>OCALA, FL 34478</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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(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.																													
<b>SIGNATURE:</b> _____ <b>7/23/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													

**66429168**



Attachment  
#P03000090758  
66429168

May 18, 2004

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

To Whom It May Concern:

COMFORT MAKERS INSULATION, INC.

Please accept the \$150.00 as payment in full for the 2004 Annual Report. I am the bookkeeper and was under the false assumption that the payment was not due until May 31, 2004. I just realized that the payment was late after May 1, 2004. I am asking you to make this exception so that I can keep my job and not have any repercussions for my mistake. Thank you for your help with this matter.

If you have any further questions, please let me know.

Sincerely,

*Lea Marie Garrido*

Lea Marie Garrido  
Bookkeeper