

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90049 044 ***150.00

DOCUMENT # P03000111201

1. Entity Name

C.Q. INSULATION, INC.



Principal Place of Business

8806 VENTURE COVE
TEMPLE TERRACE FL 33637

Mailing Address

8806 VENTURE COVE
TEMPLE TERRACE FL 33637



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

20-0289994

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ERVIN, JOHN L
8806 VENTURE COVE
TAMPA FL 33637

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

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

After May 1, 2006 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 ☐ Delete
NAME ERVIN, JOHN L
STREET ADDRESS 2518 W SIMMS
CITY-ST-ZIP TAMPA FL 33609

TITLE D ☐ Delete
NAME WINN, GEORGE G
STREET ADDRESS 92 ADALIA AVE
CITY-ST-ZIP TAMPA FL 33606

TITLE ST ☐ Delete
NAME ERVIN, KATHY A
STREET ADDRESS 2518 W SIMMS
CITY-ST-ZIP TAMPA FL 33609

TITLE VD ☐ Delete
NAME FARRELL, SEAN
STREET ADDRESS 8806 VENTURE COVE
CITY-ST-ZIP TAMPA FL 33637

TITLE D ☐ Delete
NAME Thomas Fluharty
STREET ADDRESS 8806 Venture Cove
CITY-ST-ZIP Tampa Fla 33637

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1/27/06

8178431300
Daytime Phone #