

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000131055

1. Entity Name
S & M INSULATION INC.



Principal Place of Business

1001 B CRANLEIGH
DELAND, FL 32720

Mailing Address

2692 AUDUBON AVENUE
DELAND, FL 32720

DO NOT WRITE IN THIS SPACE

FILED
Jul 18, 2008 08:00 AM
Secretary of State



07032008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0389943

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SUTTON, WILLIE MAE
2692 AUDUBON AVENUE
DELAND, FL 32720

**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 reinstating)

U00000955626

07/18/08-80005-015 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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

TITLE	P, D
NAME	SUTTON, WILLIE MAE
STREET ADDRESS	2692 AUDUBON AVENUE
CITY-ST-ZIP	DELAND, FL 32720
TITLE	S
NAME	SUTTON, CAROL
STREET ADDRESS	2692 AUDUBON AVE.
CITY-ST-ZIP	DELAND, FL 32720
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Carol Sutton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/08

Date

386-734-1654

Daytime Phone #