## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P03000131967  1. Entity Name JOHNSON BROTHERS INSULATION, INC.						)	FILE() 05 JUL 11 ZI 10:21				
			No. H. Th	_]	SECUE	• • • • • • •	i. if				
Principal Place	e of Business	S	Mailing Address	Mailing Address			SECILE			,	
16734 SKILLET ROAD			16734 SKILLET ROAD					อบ	U5480	JZ.	
CLERMONT, F	L 34/11		CLERMONT, FL 34711								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			06302005	Chg-P	CR2E0	34 (10/03)		
City & State			City & Slate			4. FEI Numb			<u> </u>	plied For	
Zip Country			Žip Country		trv	20-040	8724		\$8.75 Add	t Applicable	
2.0	Southery   Elip			<i>,</i>	5. Certificate	of Status Desired		<b>⊋o./</b> ⊋ Add Fee Required			
6. Name and Address of Current Regist			Registered Agent				7. Name and Address of New Registered Agent				
เบเมหาย	 L DOGED	14/	•		Name R	OGER	W J	OHNS	Nos		
JOHNSON, ROGER W 1351 DARNABY WAY					Street Address (P.O. Box Number is Not Acceptable)  135  DAR NABY  WAY						
COCOA, F	L 32926		1351 DAKIONGY WAY								
					City C	City ORLANDO FL Zip Cood 24					
8. The above proved earth, submits this statement for the current of the current											
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 lamiliar with, and accept the obligations of registered agent.											
SIGNATURE & KOGAN JOHN											
SIGNATURE CO. Signature, typed or printerpature of registered agent and title if applicable. (MOTE: Registered Agent algorithms required when reinstance)  DATE											
FILE NOW!!! FEE IS \$150.00  Due by September 7, 2005  9. Election Campaign Financing Trust Fund Contribution.						5.00 May Be ided to Fees	In accordance corporation did	with s. 607 I not receive	.193(2)(b), the prior r	F.S., the notice.	
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OF	FICERS AND	DIRECTOR	IN 11	
TITLE	P		☐ Oelete	ım			-		☐ Change	Addition	
NAME STREET ADDRESS	JOHNSON, KENNETH R ADDRESS 16734 SKILLET ROAD STI										
CITY-SI-ZIP	1000,01100										
TITLE	V Delete 1117				E	···	•••		☐ Change	Addition	
NAME	JOHNSON, ROGER W				IE						
STREET ADDRESS CITY-ST-ZIP	100 1 27 10 11 11 11 11 11 11 11 11 11 11 11 11				ET ADORESS -S1-ZIP					į	
TITLE	V Dolets Till								☐ Change	☐ Addition	
NUME	JOHNSON, TIMMIE W				- i						
STREET ADORESS		HMOND ROAD			EET AOORESS						
CITY-S1-ZIP	ST. CLO	JD, FL 34773			'-ST-ZIP		<del></del>				
TITLE NAME			☐ Deleta	TITL					☐ Change	Addition	
STREET ADDRESS					EET ADDRESS						
CITY-ST-ZIP				СПУ	-\$1-ZIP						
TITLE			Delete	TITL.	i i				Change	Addition	
NAME STREET ADDRESS				NAM STR	EET ADOAESS						
CITY-ST-ZIP				CUA	r-\$1-21P					•	
TITLE			☐ Deleta	ĦIL	1		-		Change	Addition	
NAME STREET ADDRESS	ļ			STR	EET ADDRESS					į	
CITY-SI-ZIP					(-SI-ZIP						
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 40th an address, with all other like empowered.											
SIGNATURE: & ROGER STREET											
SIGNATURE: SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Days Proper											

07-05-2005 901 20 049 \*\*\* 1 50.00

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