


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90399 012 ***150.00

DOCUMENT # P03000144575 1. Entity Name SHANE'S INSULATION, INC.					
Principal Place of Business RT 2, BOX 351 LAKE CITY, FL 32024			Mailing Address RT 2, BOX 351 LAKE CITY, FL 32024		
2. Principal Place of Business 232 SW Cannon Ct Suite, Apt. #, etc.			3. Mailing Address 232 SW Cannon Ct Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-2502870	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NETTIE DAVIS, INC. 846 S.W. MAIN BLVD LAKE CITY, FL 32025				7. Name and Address of New Registered Agent Name Edna Nash Street Address (P.O. Box Number is Not Acceptable) 232 SW Cannon Ct City LAKE City FL Zip Code 32024	
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 Henry Shane Nash DATE 4/15/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NASH, SHANE RT 2, BOX 351 LAKE CITY, FL 32024	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC NASH, EDNA D RT 2, BOX 351 LAKE CITY, FL 32024	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP JAMES S NASH 232 SW CANNON CT LAKE CITY FL 32024			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
SIGNATURE: Henry Shane Nash <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-15-05 <small>Date</small>		

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04132005 Chg-P CR2E034 (10/03)

\$8.75 Additional Fee Required