

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90111 030 ***150.00

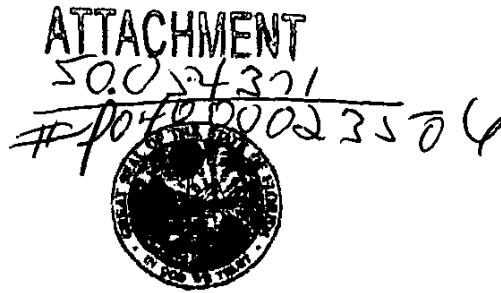
**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000023506 1. Entity Name: SPEARS INSULATION, INC.																																																																													
Principal Place of Business 445 STATE RD 415 OSTEEN, FL 32764			Mailing Address P O BOX 967 OSTEEN, FL 32764																																																																										
2. Principal Place of Business 445 SR 415 Suite, Apt. #, etc. na			3. Mailing Address POB 967 Suite, Apt. #, etc. na																																																																										
City & State Osteen			City & State FL																																																																										
Zip 32764			Zip 32764																																																																										
Country Volusia			Country Volusia																																																																										
4. FFI Number 830381501				Applied For ☐ Not Applicable																																																																									
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required																																																																									
6. Name and Address of Current Registered Agent SPEARS, VERN E 445 STATE RD 415 OSTEEN, FL 32764				7. Name and Address of New Registered Agent 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 _____ (For officers, directors or principal officers of registered agents who are the filer, applicable. (NOTE: Registered Agent's signature is required when not making) DATE: _____																																																																													
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005			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.																																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="4" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 25%;">CITY-STATE-ZIP</td> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 25%;">CITY-STATE-ZIP</td> </tr> <tr> <td></td> <td>PSTD SPEARS, VERN E</td> <td>P O BOX 967</td> <td>OSTEEN, FL 32764</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP		PSTD SPEARS, VERN E	P O BOX 967	OSTEEN, FL 32764																																																				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 196.07(5)(c), 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 authorized to prepare 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 this statement with all power like empowered.																																																																													
SIGNATURE _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																													

00054371



06292005 Chg-P CR2E034 (10/03)



Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Fax Transmittal Cover Letter

Deliver To: Vern Spears

Fax #: 407-324-1188 Firm: Spears Insulation, Inc

From: Cathy Cave/ Division of Corporations

Fax #: (850) 245-6014 Sender's Phone #: (850) 245-6000

Date: June 29, 2005 Time: 9:42am total # of Pages: 3 (including cover letter)

Notes:

Confidentiality Note.

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INHS2(6/01)

"I'll Meet or Beat All Written Estimates"

ATTACHMENT # PO-4000023576
Spears Insulation 50054371

Phone 407-321-7428
Post Office Box 967
445 State Road 415
Osteen, FL 32764-0967

To whom it concerns

6/29/05

Based on phone call, I never received the
post card saying I had to do anything, until
today I received one.

