06/25/2005 10:13 850-245-6014 DIRECTOR'S

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Secretary of State

01-26-2006 90047 036 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000023506

1. Entity Name
SPEARS INSULATION, INC.

60006750

Principal Place of Business	Mailing Address
445 STATE RD 415 OSTEEN, FL 32764	P O BOX 967 OSTEEN, FL 32764

03292005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
445 SR 415	POB 967
Suite, Apt. #, etc.: na	Suite, Apt. #, etc.: na
City & State: Osteen	City & State: Fl
Zip: 32764 Country: Volusia	Zip: 32764 Country: Volusia

4. FEI 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 ______ 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.

10. OFFICERS AND DIRECTORS

TITLE	PSTD	☐ Delete
NAME	SPEARS, VERN E	
STREET ADDRESS	P O BOX 967	
CITY-ST-ZIP	OSTEEN, FL 32764	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 all other like empowered.

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #