


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90177 034 ***150.00

DOCUMENT # P04000069243

1. Entity Name
NO.1 FOAM INSTALLATIONS INC.



Principal Place of Business
**8409 BUTTERNUT RD.
FT. MYERS FL 33912
US**

Mailing Address
**8409 BUTTERNUT RD.
FT. MYERS FL 33912
US**

40028683



1st MOORE CR2E034 (10/04)

2. Principal Place of Business
**2332 Bruner Lane
Suite, Apt. #, etc.
Bldg. B
City & State
Ft. Myers, Fl.
Zip
33912
Country
Lee**

3. Mailing Address
**2332 Bruner Lane
Suite, Apt. #, etc.
Bldg. B
City & State
Ft. Myers, Fl.
Zip
33912
Country
Lee**

4. FEI Number
42-1624768

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SWEETMAN, MICHAEL P
8409 BUTTERNUT RD.
FT. MYERS FL 33912**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SWEETMAN, MICHAEL P	
STREET ADDRESS	8409 BUTTERNUT RD.	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SWEETMAN, LAUREN	
STREET ADDRESS	8409 BUTTERNUT RD.	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	Moran, Vincent	
STREET ADDRESS	8409 Butternut Rd.	
CITY-ST-ZIP	Ft. Myers, Fl. 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sweetman, Michael P	
STREET ADDRESS	18306 Ostego Dr.	
CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sweetman, Lauren	
STREET ADDRESS	18306 Ostego Dr.	
CITY-ST-ZIP	Ft. Myers, Fl. 33912	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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 with an address, with all other like empowered.

SIGNATURE: *Lauren Sweetman* **Lauren V.P. Sweetman** 2/28/05 239-253-1881

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