



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90013 047 ***158.75

DOCUMENT # P04000086245 1. Entity Name HARTLAND INSULATION, INC.					
Principal Place of Business 6576 ALVIN RD. JACKSONVILLE, FL 32222			Mailing Address 6576 ALVIN RD. JACKSONVILLE, FL 32222		
2. Principal Place of Business HARTLAND INSULATION, INC. Suite, Apt. #, etc. 5565 CHERRYTREE AVENUE City & State MACLENNY, FLORIDA Zip 32063		3. Mailing Address HARTLAND INSULATION, INC. Suite, Apt. #, etc. 5565 CHERRYTREE AVENUE City & State MACLENNY, FLORIDA Zip 32063			
4. FEI Number 03-0543479		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HART, ALLEN L 6576 ALVIN RD. JACKSONVILLE, FL 32222			7. Name and Address of New Registered Agent Name WALTER D. JOHNS Street Address (P.O. Box Number is Not Acceptable) 5565 CHERRYTREE AVENUE City MACLENNY		
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: <u>WALTER D. JOHNS</u> <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, 2006 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	D HART, ALLEN L 6576 ALVIN RD. JACKSONVILLE, FL 32222	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D WALTER D. JOHNS 5565 CHERRYTREE AVENUE MACLENNY, FLORIDA 32063	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HART, PEGGY S 6576 ALVIN RD. JACKSONVILLE, FL 32222	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Walter D. Johns</u> WALTER D. JOHNS, PRES. <u>02/22/2006 (804) 259-8771</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					