

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 JUN -2 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P04000110489					
1. Entity Name INSULATED COMPONENT STRUCTURES OF FL, INC.					
Principal Place of Business 2225 HIGHWAY 44 W EUSTIS, FL 32726			Mailing Address 2225 HIGHWAY 44 W EUSTIS, FL 32726		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1960812	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BERG, FORREST 33246 SOMERSET DRIVE LEESBURG, FL 34748				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)					
Amended AR is \$61.25		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	VP ANDNIC, INC. 33246 SOMERSET DRIVE LEESBURG, FL 34748	<input checked="" type="checkbox"/> Delete XX	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Forrest Berg 33246 Somerset Drive Leesburg, FL 34748	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KENNETH R. COYNE, LLC. 942 DELFINO PLACE LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Delete XX	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DAVIS, RONALD 2245 BLOSSOMWOOD DRIVE OVIEDO, FL 32765	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary/Treasurer Cheryl Smith 23604 Oak Lane Sorrento, FL 32776	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition XX
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	2C 618	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Cheryl Smith</i> Cheryl Smith, Secretary/Treasurer 5/30/06 352-483-7477					