

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000152201**

1. Entity Name

**CERTIFIED INSULATION CONTRACTORS OF SOUTH  
FLORIDA CORP.**



Principal Place of Business

**4450 N.W. 171 STREET  
CAROL CITY FL 33055  
US**

Mailing Address

**4450 N.W. 171 STREET  
CAROL CITY FL 33055  
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

Zip

Country

Zip

Country

4. FEI Number

**74-3133674**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CLEVELAND, DAVID A  
4450 N.W. 171 STREET  
CAROL CITY FL 33055**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning.)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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** ☐ Delete  
NAME **CLEVELAND, DAVID A**  
STREET ADDRESS **4450 N.W. 171 STREET**  
CITY-ST-ZIP **CAROL CITY FL 33055**

TITLE **VP** ☐ Delete  
NAME **CLEVELAND, LORRAINE R**  
STREET ADDRESS **4450 N.W. 171 STREET**  
CITY-ST-ZIP **CAROL CITY FL 33055**

TITLE **SEC** ☐ Delete  
NAME **CLEVELAND, DARRELL J**  
STREET ADDRESS **4450 N.W. 171 STREET**  
CITY-ST-ZIP **CAROL CITY FL 33055**

TITLE **SEC** ☐ Delete  
NAME **CLEVELAND, DAVID A JR.**  
STREET ADDRESS **11951 N.W. 12TH STREET**  
CITY-ST-ZIP **PEMBROOKE PINES FL 33026**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**U00000622088  
02/13/07-80012-001 150.00**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-26-07 305 970-8641**

Date

Daytime Phone #