

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000154879

Entity Name: JASPER INSULATION CO., INC.

FILED
Aug 31, 2005
Secretary of State

Current Principal Place of Business:

12160 COUNTY ROAD 137 SE
SUITE 101
JASPER, FL 32052

New Principal Place of Business:

Current Mailing Address:

PO BOX 990
JASPER, FL 32052

New Mailing Address:

FEI Number: 51-0539708

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RILEY, JIMMY
12160 COUNTY ROAD 137 SE
SUITE 101
JASPER, FL 32052 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NASH, KIM
Address: 4123 BEAVER RUN LANE
City-St-Zip: VALDOSTA, GA 31601

Title: ST () Delete
Name: PRESCOTT, TEDDY
Address: 3884 WHITEWATER RD
City-St-Zip: VALDOSTA, GA 31601

Title: 1V () Delete
Name: RILEY, JIMMY
Address: PO BOX 3673
City-St-Zip: LAKE CITY, FL 32052

Title: 2VP () Delete
Name: BUCKLEY, DAVID
Address: 7971 HWY 135
City-St-Zip: NAYLOR, GA 31641

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: NASH, KIM
Address: 4123 BEAVER RUN LANE
City-St-Zip: VALDOSTA, GA 31601

Title: 1VP (X) Change () Addition
Name: PRESCOTT, TEDDY
Address: 3884 WHITEWATER RD
City-St-Zip: VALDOSTA, GA 31601

Title: 2VP (X) Change () Addition
Name: RILEY, JIMMY
Address: PO BOX 3673
City-St-Zip: LAKE CITY, FL 32052

Title: P (X) Change () Addition
Name: BUCKLEY, DAVID
Address: 7971 HWY 135
City-St-Zip: NAYLOR, GA 31641

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM NASH

ST

08/31/2005

Electronic Signature of Signing Officer or Director

_____ Date