## 2007 FOR PROFIT CORPORATION ANNUAL REPORT.

## DOCUMENT # P05000048763

1. Entity Name

TITLE
NAME
STREET ADDRESS

LEX'S HOUSE INSULATION & HOUSE WRAPPING, INC.



FILED
May 04, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

2341 JAYSO JACKSONVILI		2341 JAYSON AVE JACKSONVILLE, FL 32208			1841 (M) (B) (B) (B)		- 2000		
E	O NOT WRITE I	N THIS SPAC	CE	05022007  4. FEI Numbe 25-191		CR2E03	4 (11/05)  Applied For Not Applicable  8.75 Additional ee Required		
	6. Name and Address of Current Regi	stered Agent		•					
SPIEGEL 1840 SW 2 4TH FLOO MIAMI, FL	OR .	DO NOT WRITE IN THIS SPACE							
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 life if applicable  (NOTE: Registered Agents/gradure reposited when remistating)  DATE									
	LE NOW!!! FEE IS \$150.00 ue by September 14, 2007		.00 May Be led to Fees	In accordance v corporation did	vith s. 607.1 not receive	193(2)(b), F.S., the the prior notice.			
10.  III'LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE	OFFICERS AND DIRE PTD BENNETT, LEX L 2341 JAYSON AVE JACKSONVILLE, FL 32208 S BENNETT, PAMELA 2341 JAYSON AVE JACKSONVILLE, FL 32208	CTORS			0000007 05/25/07-8	60940 0036-00	01 150.00		
NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS			•		NOT W				
CTTY-ST-ZIP  TITLE  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 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:	Lex	L.	Bennett	Lex	L,	Benne11	5-2-07	904-333-5137
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	Daytime Phone €		