

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90028 024 ***150.00

DOCUMENT # P05000098035

1. Entity Name

CENTRAL FLORIDA INSULATION, INC.



Principal Place of Business

9340 N. HAMMOCK ROAD
ZOLFO SPRINGS FL 33890

Mailing Address

9340 N. HAMMOCK ROAD
ZOLFO SPRINGS FL 33890



2. Principal Place of Business

4441 U.S. Hwy 27 South

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Sebring, FL

City & State

Zip

33870

Country

Highlands

Zip

Country

4. FEI Number

20-3151079

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

MADDOX, DAVID M
9340 N. HAMMOCK ROAD
ZOLFO SPRINGS FL 33890

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 re-stating)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
MADDOX, DAVID M
9340 N. HAMMOCK ROAD
ZOLFO SPRINGS FL 33890 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D,VP
MADDOX, DONALD E.
9340 N. HAMMOCK ROAD
ZOLFO SPRINGS FL 33890 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
4441 N. Hammock Road

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

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

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

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

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:

David M. Maddox DAVID M. Maddox

3/29/06 (863) 385-8289

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #