

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P34002

1. Entity Name  
INSULATION, FOAM & ROOFING, INC.



**FILED**  
**Feb 12, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business  
P.O. BOX 55692  
JACKSON, MS 39296

Mailing Address  
P.O. BOX 55692  
JACKSON, MS 39296

( P 3 4 0 0 2 ===== P )

01242005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
64-0178601

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PETERSEN, JEFFREY L  
6452 CALVALCADE TRAIL  
TALLAHASSEE, FL 32308

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEES \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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  
P  
BROWN, MARVIN L.  
221 LAKE OF PINES DRIVE  
JACKSON, MS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
BROWN, BETTY  
221 LAKE OF PINES DRIVE  
JACKSON, MS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Marvin Brown* Marvin Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-05

Date

601-362-5478

Daytime Phone #