

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Feb 19, 2007 08:00 AM

Secretary of State

DOCUMENT # P34002

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



Principal Place of Business

**P.O. BOX 55692
JACKSON, MS 39296**

Mailing Address

**P.O. BOX 55692
JACKSON, MS 39296**



02152007

No Chg-P

CR2E034 (11/05)

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!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

UD00000639650
02/28/07-80034-019 150.00

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **BROWN, MARVIN L.**
STREET ADDRESS **221 LAKE OF PINES DRIVE**
CITY-ST-ZIP **JACKSON, MS**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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: *Betty Brown*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-07

Date

601-352-5478

Daytime Phone #