

**2008 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000058862

1. Entity Name
RELIABLE INSULATION, INC.



Principal Place of Business
**3500 S.W. 70TH AVE.
MIRAMAR, FL 33023**

Mailing Address
**3500 S.W. 70TH AVE.
MIRAMAR, FL 33023**



01122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0515103	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FILINGS INC.
3732 N.W. 16TH ST.
FT. LAUDERDALE, FL 33311**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000001700
02/19/08-80040-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	CHURLY, SHERRY
STREET ADDRESS	3500 S.W. 70TH AVE.
CITY-ST-ZIP	MIRAMAR, FL 33023

TITLE	VPD
NAME	CHURLY, BILL
STREET ADDRESS	3500 S.W. 70TH AVENUE
CITY-ST-ZIP	MIRAMAR, FL 33023

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sherry Churly

2/8/08

Date

954-981-6983

Daytime Phone #