2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 04, 2005 08:00 AM Secretary of State

DOCUMENT # P95000034727 1. Entity Name THE INSULATOR OF SOUTH FLORIDA, INC. Principal Place of Business 1110 NORTH OLIVE AVENUE WEST PALM BEACH, FL 33401 US DO NOT WRITE IN THIS SPACE 1110 NORTH OLIVE AVENUE WEST PALM BEACH, FL 33401 US DO NOT WRITE IN THIS SPACE 1110 NORTH OLIVE AVENUE 1110 NORTH OLIVE AVENUE WEST PALM BEACH, FL 33401 US 1110 NORTH OLIVE AVENUE 1110 NO OLIVE AVE WEST PALM BEACH, FL 33401 BURDICK, GEOFFREY 1110 NO OLIVE AVE WEST PALM BEACH, FL 33401 BURDICK GEOFFREY 1110 NO OLIVE AVE WEST PALM BEACH, FL 33401 BURDICK GEOFFREY 1110 NO OLIVE AVE WEST PALM BEACH, FL 33401 BURDICK GEOFFREY 1110 NO OLIVE AVE WEST PALM BEACH, FL 33401 BURDICK GEOFFREY 1110 NO OLIVE AVE WEST PALM BEACH, FL 33401 BURDICK GEOFFREY 1110 NO OLIVE AVE WEST PALM BEACH, FL 33401 BURDICK GEOFFREY 1110 NO OLIVE AVE Signal of the purpose of changing its registered diffice or registered agent, or both, in the State of Florids. I am familiar with, and a state of the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and a state of florids. I am familiar with, and a	ed For pplicable inal
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the inform 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 did 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 Bloc changed, or on an attachment with an address with an other like empowered.	