2005 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED Feb 02, 2005 8:00 am Secretary of State

AMOAL REFORE					02-02-2005 90058 013 ***150.00					
DOCUMENT # P96000080378 1. Entity Name SMITH & SONS INSULATION, INC.						02-02-200	JS 90058	VI3 ***1:	50.00	
Principal Place of Business . Mailing Address										
3344 TROPIAIRE BLVD NORTH PORT, FL 34286 3344 TROPIAIRE BLVD NORTH PORT, FL 34286								5000	09637	
						O COLUR BUTU BOTAL COLUR DO			ATT RUTT	
2. Principal Place of Business 3344 TROPICAIRE BLVD., 3. Mailing Address 3344 TROPICAIRE I										
Suite, Apt. *, etc. NORTH PORT, FL. 34286 Suite, Apt. *, etc. NORTH PORT, FL.					01242005	Chg-P	CR2E0	34 (10/03)		
NORTH PORT, FL. 34286 NORTH PORT, I			<u>. 34286</u>		4. FEI Numb			IAD	plied For	
5.1 , 2 5.5.0		2.,			65-069				Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Add Fee Required		
8. Name and Address of Current Registered Agent					7. Name and	Address of New	Registered A	\gent		
DALE G SMITH				Name						
3344 TROPIAIRE BLVD NORTH PORT, FL 34286			Street A	Street Address (P.O. Box Number is Not Acceptable)						
·				FL Zip Code						
8. The above	named entity submits this statement for	r the purpose of changing its re	gistered office of	r register	ed agent, or bo	oth, in the State of F	lorida. I am i	familiar with,	and accept	
the obligat	ions of registered agent.									
SIGNATURE_			,							
	Signature, lyped or printed name of registered agent a	and title if applicable. (NOTE: F	legistered Agent signa	dure required	d when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					.00 May Be led to Fees			* ! * !		
10.	OFFICERS AND	DIRECTORS	11,	<u>.</u>	ADDITIONS	/CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11	
TITLE	P	☐ Delets	TITLE			•		☐ Change	☐ Addition	
NAME	SMITH, DALE G		NAME							
STREET ADDRESS CITY-ST-ZIP	3344 TROPICAIRE BLVD NORTH PORT, FL 34286		STREET ADDRESS CITY+ST-ZIP							
TITLE	VP VP	Delete	TITLE	 				29 Change	☐ Addition	
HAME	SMITH, MICHAEL D		NAME							
STREET ADDRESS	3344 TROPIAIRE BLVD		STREET ADDRESS	33	44 TROP	CAIRE BLV	D.			
CITY-ST-ZIP	NORTH PORT, FL 34286		CITY-ST-ZIP	ļ						
TITLE	S	Delete	_TITLE .	- -			-	Change	. Addition	
NAME CIDELL POPOLOG	SWEET, KELLY A 2642 YAMADA LANE		NAME STREET ADDRESS							
STREET ADDRESS CITY-ST-ZIP	NORTH PORT, FL 34286		CITY-ST-ZIP							
TITLE	1	Delete	TITLE	1	•	-		☐ Change	☐ Addition	
NAME			HAME							
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP	,						
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS				n n			
CITY-ST-ZIP	The grant of the same and the same of the	territoria.	CITY-ST-ZIP		16 11	<u>{</u>				
TITLE	Creation and Contract	☐ Delete	·MLE· 1	7.1	10.10	i		Change	☐ Addition	
NAME			. NAME							
STREET ADDRESS	1 min		STREET ADDRESS			••				
CITY-ST-ZIP	certify that the information supplied with		CITY-ST-ZIP			Vi) Cleride Ctetrae	n 1 feather c-	etify that the i	nformation	
1 12 Ibarahu	certify that the information supplied with	a this filing does not muslify for t	ine exemption si	ateo in Si	ection 119.0/ (3	nu, riorida Statute:	s. Hurther ce	r in y to real time t	···orrigation	

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.0/[3](i). Florida Statutes. Further certify that it is made under oath; that I am an officer or director 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 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: 1

CHATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-26-05 941-426-199