

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2006 8:00 am
Secretary of State

02-13-2006 90016 040 ***150.00

DOCUMENT # P96000080378

1. Entity Name
SMITH & SONS INSULATION, INC.



Principal Place of Business
**3344 TROPICAIRES BLVD
NORTH PORT, FL 34286**

Mailing Address
**3344 TROPICAIRES BLVD
NORTH PORT, FL 34286**

66003195



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0697714

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DALE G SMITH
3344 TROPICAIRES BLVD
NORTH PORT, FL 34286**

**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

Dale G. Smith

Pres.

2/24/06

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SMITH, DALE G
STREET ADDRESS	3344 TROPICAIRES BLVD
CITY-ST-ZIP	NORTH PORT, FL 34286
TITLE	VP
NAME	SMITH, MICHAEL D
STREET ADDRESS	3344 TROPICAIRES BLVD
CITY-ST-ZIP	NORTH PORT, FL 34286
TITLE	S
NAME	SWEET, KELLY A
STREET ADDRESS	2642 YAMADA LANE
CITY-ST-ZIP	NORTH PORT, FL 34286
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 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:

Dale G. Smith

Pres.

2/24/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



ATTACHMENT
66003195

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2006

SMITH & SONS INSULATION, INC.
3344 TROPICAIRE BLVD
NORTH PORT, FL 34286

Subject: SMITH & SONS INSULATION, INC.

Reference Number: P96000080378

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION