

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2007 08:00 AM
Secretary of State

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**



02052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0697714

Applied For
Not Applicable

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

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

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**

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 | |

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02/27/07-80038-008 150.00

**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:

Kelly Sweet
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-07

Date

Daytime Phone #