

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000010710

FILED
Jan 26, 2004
Secretary of State

Entity Name: BROCKMEYER INSULATION, INC.

Current Principal Place of Business:

1800 RIVERCHASE CT
ALVA, FL 33920

New Principal Place of Business:

Current Mailing Address:

P O BOX 188
ALVA, FL 33920

New Mailing Address:

FEI Number: 65-0809684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROCKMEYER, DORIS F
18001 RIVERCHASE CT
ALVA, FL 33920

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROCKMEYER, DORIS F
Address: 18001 RIVERCHASE CT
City-St-Zip: ALVA, FL 33920

Title: V () Delete
Name: BROCKMEYER, JAMES L
Address: 18001 RIVERCHASE CT
City-St-Zip: ALVA, FL 33920

Title: S () Delete
Name: BONE, CANDACE
Address: 100 HILLSIDE DRIVE #B6
City-St-Zip: MIDDLETOWN, NY 10941

Title: T/D () Delete
Name: CONRAD, CHERYL L
Address: 418 SW 18TH COURT
City-St-Zip: CAPE CORAL, FL 33991

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORIS F. BROCKMEYER

P

01/26/2004

Electronic Signature of Signing Officer or Director

_____ Date