

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90045 044 ***150.00

DOCUMENT # P98000010710

1. Entity Name

BROCKMEYER INSULATION, INC.



Principal Place of Business

**1800 RIVERCHASE CT
ALVA FL 33920**

Mailing Address

**P O BOX 188
ALVA FL 33920**

2. Principal Place of Business

18001 Riverchase Ct.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0809684

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BROCKMEYER, DORIS F
18001 RIVERCHASE CT
ALVA FL 33920**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BROCKMEYER, DORIS F	
STREET ADDRESS	18001 RIVERCHASE CT	
CITY-ST-ZIP	ALVA FL 33920	
TITLE	V	<input type="checkbox"/> Delete
NAME	BROCKMEYER, JAMES L	
STREET ADDRESS	18001 RIVERCHASE CT	
CITY-ST-ZIP	ALVA FL 33920	
TITLE	S	<input type="checkbox"/> Delete
NAME	BONE, CANDACE	
STREET ADDRESS	100 HILLSIDE DRIVE #B6	
CITY-ST-ZIP	MIDDLETOWN NY 10941	
TITLE	T/D	<input type="checkbox"/> Delete
NAME	CONRAD, CHERYL L	
STREET ADDRESS	418 SW 18TH COURT	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	30 Howard Drive	
CITY-ST-ZIP	Middletown NY 10941	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Doris F Brockmeyer* **Doris F Brockmeyer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239 693-0415