

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P98000010710

Entity Name: BROCKMEYER INSULATION, INC.

**FILED**  
**Nov 21, 2005**  
**Secretary of State**

**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 US

**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

**OFFICERS AND DIRECTORS:**

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

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

Title: S ( ) Delete  
Name: BONE, CANDACE  
Address: 30 HOWARD DRIVE  
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

11/21/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date