# 2008 FOR PROFIT CORPORATION
## ANNUAL REPORT

DOCUMENT # P98000052111

1. Entity Name
INSULATED CONCRETE STRUCTURES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1004 NE ORANGE AVE. | 1004 NE ORANGE AVE. |
| JENSEN BEACH, FL 34957 | JENSEN BEACH, FL 34957 |

**DO NOT WRITE IN THIS SPACE**

04172008   No Chg-P   CR2E034 (11/05)

| 4. FEI Number | Applied For |
|---|---|
| 65-0847760 | Not Applicable |

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

### 6. Name and Address of Current Registered Agent

JUEN, PETER
1004 NE ORANGE AVE.
JENSEN BEACH, FL 34957

**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**<br>**After May 1, 2008 Fee will be $550.00** | 9. Election Campaign Financing<br>Trust Fund Contribution. ☐ | **$5.00** May Be<br>Added to Fees | |
|---|---|---|---|

**10.** OFFICERS AND DIRECTORS

| TITLE | PVST |
|---|---|
| NAME | JUEN, PETER |
| STREET ADDRESS | 1004 NE ORANGE AVE. |
| CITY-ST-ZIP | JENSEN BEACH, FL 34957 |
| TITLE | D |
| NAME | JUEN, PETER |
| STREET ADDRESS | 1004 NE ORANGE AVE |
| CITY-ST-ZIP | JENSEN BEACH, FL 34957 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #