

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR) :

**FILED**  
**May 09, 2008 8:00 am**  
**Secretary of State**

05-09-2008 90011 006 \*\*\*150.00

**DOCUMENT # S17102**

1. Entity Name

SEAL TIGHT INSULATION, INC.



Principal Place of Business

20258 LAKES EDGE LN  
LUTZ FL 33558  
US

Mailing Address

20258 LAKES EDGE LN  
LUTZ FL 33558  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number **59-3046330**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCINTOSH, DAVID R.  
20258 LAKES EDGE LN  
LUTZ FL 33558

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 state, if applicable.

(NOTE: Registered Agent signature required when reconstituting)

**1 April 2008**  
DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **MCINTOSH, DAVID R.**  
STREET ADDRESS **20258 LAKES EDGE LANE**  
CITY-ST-ZIP **LUTZ FL 33558**

TITLE **V.P.** ☐ Change ☒ Addition  
NAME **Meylin Garcia Rodriguez**  
STREET ADDRESS **20258 Lakes Edge Ln**  
CITY-ST-ZIP **Lutz FL 33558**

TITLE **VP** ☐ Delete  
NAME **DEREMER, JOHN**  
STREET ADDRESS **20258 LOKEO EDGE LN**  
CITY-ST-ZIP **LUTZ FL 33558**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1 April 2008 813.376.9149**

Date

Daytime Phone