

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S23996

FILED  
Feb 03, 2006  
Secretary of State

Entity Name: INSTANT HOME AND STRUCTURE CORP.

## Current Principal Place of Business:

6621 19TH ST. E.  
P.O BOX 805  
TALLEVAST, FL 342700805

## New Principal Place of Business:

6621 19TH ST. E.  
SARASOTA, FL 342700805

## Current Mailing Address:

6621 19TH ST. E.  
P.O BOX 805  
TALLEVAST, FL 342700805

## New Mailing Address:

904 CYPRESS WOOD LANE  
SARASOTA, FL 34243

FEI Number: 65-0266975

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COOLEY, W. TRACY  
6621 19TH STREET EAST  
BRADENTON, FL 34243 US

## Name and Address of New Registered Agent:

COOLEY, W. TRACY  
904 CYPRESS WOOD LANE  
SARASOTA, FL 34243 US

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:

02/03/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: COOLEY, W. TRACY, SR.,  
Address: 904 CYPRESSWOOD LANE  
City-St-Zip: SARASOTA, FL

Title: D ( ) Delete  
Name: COOLEY, MARIE R.,  
Address: 904 CYPRESSWOOD LANE  
City-St-Zip: SARASOTA, FL

Title: D (X) Delete  
Name: GREGORY, CAROL S.,  
Address: 904 CYPRESS WOOD LN  
City-St-Zip: SARASOTA, FL

Title: D ( ) Delete  
Name: COOLEY, WILLIAM T JR.  
Address: 904 CYPRESS WORD LANE  
City-St-Zip: SARASOTA, FL 34243

Title: B (X) Delete  
Name: COOLEY, STEVEN B  
Address: 904 CYPRESS WORD LANE  
City-St-Zip: SARASOTA, FL 34243

## 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:

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 Chapter 119, 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: WILLIAM T. COOLEY SR.

D

02/03/2006

Electronic Signature of Signing Officer or Director

Date