

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000111201

Entity Name: C.Q. INSULATION, INC.**Current Principal Place of Business:**8806 VENTURE COVE
TEMPLE TERRACE, FL 33637**Current Mailing Address:**8806 VENTURE COVE
TEMPLE TERRACE, FL 33637**FEI Number:** 20-0289994**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ERVIN, JOHN L
8806 VENTURE COVE
TAMPA, FL 33637 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title DIRECTOR, CHAIRMAN
Name ERVIN, JOHN L
Address 2518 W SIMMS
City-State-Zip: TAMPA FL 33609

Title DIRECTOR
Name WINN, GEORGE G
Address 92 ADALIA AVE
City-State-Zip: TAMPA FL 33606

Title ST
Name ERVIN, KATHY A
Address 2518 W SIMMS
City-State-Zip: TAMPA FL 33609

Title CFO
Name FLUHARTY, THOMAS
Address 8806 VENTURE COVE
City-State-Zip: TAMPA FL 33637

Title PRESIDENT
Name WINN, MATTHEW W
Address 8806 VENTURE COVE
City-State-Zip: TEMPLE TERRACE FL 33637

I hereby 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 all other like empowered.

SIGNATURE: JOHN L. ERVIN

CHAIRMAN

01/27/2015

Electronic Signature of Signing Officer/Director Detail_____
Date