

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F68046

FILED
Mar 09, 2009
Secretary of State

Entity Name: AMERICAN INSULATORS, INC. OF JACKSONVILLE

Current Principal Place of Business:

C/O NANCY COHEN
6935 DISTRIBUTION AVE. S.
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

6935 DISTRIBUTION AVE S
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 59-2194961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAFER, ELIOT J ESQ.
10110 SAN JOSE BLVD.
JACKSONVILLE, FL 32257 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COHEN, NANCY,
Address: 2686 SPREADING OAKS LANE
City-St-Zip: JACKSONVILLE, FL 32223

Title: VP () Delete
Name: MILLER, RANDY O
Address: 4362 N. BUCKHEAD DR.
City-St-Zip: ATLANTA, GA 30342

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: NANCY COHEN

PRES

03/09/2009

Electronic Signature of Signing Officer or Director

Date