2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# P03000090758

Entity Name: COMFORT MAKERS INSULATION, INC.

Current Principal Place of Business:

2731 NE JACKSONVILLE ROAD (200A)
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

2731 NE JACKSONVILLE ROAD (200A)
OCALA, FL 34470

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHOTWELL, GEORGE C JR
2731 N.E. JACKSONVILLE RD(200A)
OCALA, FL 34470 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: DP ( ) Delete
Name: SHOTWELL, GEORGE C JR
Address: PO BOX 848
City-St-Zip: OCALA, FL 344780848

Title: VP ( ) Delete
Name: BURTON, KEVIN
Address: 5277 S.E. 39TH LOOP
City-St-Zip: OCALA, FL 34480 US

Title: T ( ) Delete
Name: PROCTOR, THOMAS F
Address: 2107 WOODBOURNE AVENUE
City-St-Zip: LOUISVILLE, KY 40205 US

Title: S ( ) Delete
Name: FONTAINE, JANE B
Address: 1721 S.E. 16TH AVENUE, SUITE 103
City-St-Zip: OCALA, FL 34471 US

Title: COO ( ) Delete
Name: MEARS, DAVID J III
Address: 3100 E. HIGHWAY 316
City-St-Zip: CITRA, FL 32113 US

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 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: GEORGE C SHOTWELL JR PRES 04/29/2008

Electronic Signature of Signing Officer or Director — Date