


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000078526 1. Entity Name FIBERGLASS SOLUTIONS INTERNATIONAL, INC.	
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FILED
Sep 02, 2008 08:00 AM
Secretary of State

Principal Place of Business 11000 METRO PARKWAY SUITE 20 FT. MYERS, FL 33966	Mailing Address 11000 METRO PARKWAY SUITE 20 FT. MYERS, FL 33966
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06042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0532149	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**WHITENER, MICHAEL D
 11000 METRO PARKWAY SUITE 20
 FT. MYERS, FL 33966**

DO NOT WRITE
 IN THIS SPACE

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.

09/02/08-80004-025 150.00

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
 Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	WHITENER, MICHAEL D
STREET ADDRESS	11000 METRO PARKWAY SUITE 20
CITY-ST-ZIP	FT. MYERS, FL 33966
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
 IN THIS SPACE

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

SIGNATURE: _____ **8/29/08** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #