## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# V48098

Entity Name: DANIEL INSULATION, INC.

FILED Apr 30, 2007 Secretary of State

| Current Principal Place of Business:                                    |                                   | New Principal Place o              | New Principal Place of Business:             |  |
|---|-----------------------------------|------------------------------------|--|--|
| 12950 DANIEL DR<br>CLEARWATER, FL 33                                    | 3762 US                           |                                    |  |  |
| Current Mailing Address:  |                                   | New Mailing Address                | New Mailing Address:                         |  |
| P O BOX 830<br>PINELLAS PARK, FL :                                      | 33780 US                          |                                    |  |  |
| FEI Number: 59-3130945  | FEI Number Applied For ( )        | FEI Number Not Applicable ( )      | Certificate of Status Desired ( )            |  |
| Name and Address of   | f Current Registered Agent:       | Name and Address of                | Name and Address of New Registered Agent:    |  |
| FERGUSON, CHRIS<br>ONE BEACH DR. S.E.<br>SUITE 205<br>ST PETERSBURG, FL | . 33701 US                        |                                    |  |  |
| The above named entit in the State of Florida.                          | ty submits this statement for the | purpose of changing its registered | office or registered agent, or both,         |  |
| SIGNATURE:  |                                   |                                    |  |  |
| Electronic Signature of Registered Agent                                |                                   | gent                               | Date   |  |
| Election Campaign Finance   | sing Trust Fund Contribution ( ). |                                    |  |  |
| OFFICERS AND DIRECTORS:   |                                   | ADDITIONS/CHANGE                   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title: P Name: THOMAS, DA   |                                   | Title:<br>Name:                    | ()Change ()Addition                          |  |

City-St-Zip:

City-St-Zip: ST. PETERSBURG, FL 33707

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: TOM DANIEL PRES 04/30/2007