

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2006 8:00 am**  
**Secretary of State**

01-09-2006 90039 026 \*\*\*150.00

**DOCUMENT # 567725**

1. Entity Name

ALLWEATHER INSULATION, INC.



Principal Place of Business

664 CAPITAL CIRCLE N.E.  
TALLAHASSEE, FL 32301 US

Mailing Address

664 CAPITAL CIRCLE N.E.  
TALLAHASSEE, FL 32301 US



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-1814982

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

8. Name and Address of Current Registered Agent

WOLFE, LARRY S  
200-A JOHN KNOX ROAD  
TALLAHASSEE, FL 32304

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHITTENDEN, FLAGG
STREET ADDRESS	664 CAPITAL CIRCLE NE
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	S
NAME	CHITTENDEN, GAIL S
STREET ADDRESS	664 CAPITAL CIRCLE NE
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	VP
NAME	CHITTENDEN, ROBERT R
STREET ADDRESS	664 CAPITAL CIRCLE NE
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	T
NAME	TAYLOR, LAURIE
STREET ADDRESS	2120 SW OPEN SAURTS LOOP
CITY-ST-ZIP	GREENVILLE, FL 32331
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**

*Laurie Taylor* Laurie Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/06

Date

850 942-5557

Daytime Phone #