

**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**

**6. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$350.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CHITTENDEN, FLAGG</b> <b>664 CAPITAL CIRCLE NE</b> <b>TALLAHASSEE, FL 32301</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CHITTENDEN, GAIL S</b> <b>664 CAPITAL CIRCLE NE</b> <b>TALLAHASSEE, FL 32301</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CHITTENDEN, ROBERT R</b> <b>664 CAPITAL CIRCLE NE</b> <b>TALLAHASSEE, FL 32301</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>TAYLOR, LAURIE</b> <b>2120 SW OPEN SAURTS LOOP</b> <b>GREENVILLE, FL 32331</b>
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 807, 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** **1/5/06** **850 942-5557**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #