

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 567725

FILED
Jan 07, 2008
Secretary of State

Entity Name: ALLWEATHER INSULATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1814982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WOLFE, LARRY S
200-A JOHN KNOX ROAD
TALLAHASSEE, FL 32303 US

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:

01/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHITTENDEN, FLAGG
Address: 664 CAPITAL CIRCLE NE
City-St-Zip: TALLAHASSEE, FL 32301

Title: S () Delete
Name: CHITTENDEN, GAIL S
Address: 664 CAPITAL CIRCLE NE
City-St-Zip: TALLAHASSEE, FL 32301

Title: VP () Delete
Name: CHITTENDEN, ROBERT R
Address: 664 CAPITAL CIRCLE NE
City-St-Zip: TALLAHASSEE, FL 32301

Title: T () Delete
Name: TAYLOR, LAURIE
Address: 2120 SW OPEN SAURTS LOOP
City-St-Zip: GREENVILLE, FL 32331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CHITTENDEN, FLAGG L JR
Address: 664 CAPITAL CIRCLE NE
City-St-Zip: TALLAHASSEE, FL 32301

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CHITTENDEN, ROBERT R
Address: 664 CAPITAL CIRCLE NE
City-St-Zip: TALLAHASSEE, FL 32301

Title: T (X) Change () Addition
Name: TAYLOR, LAURIE
Address: 2120 SW OPEN SANDS LOOP
City-St-Zip: GREENVILLE, FL 32331

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: FLAGG L CHITTENDEN JR

P

01/07/2008

Electronic Signature of Signing Officer or Director

Date