

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 567725

FILED  
Jan 04, 2011  
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 32303 US

**Name and Address of New Registered Agent:**

WOLFE, LARRY S  
1407 E CALL ST  
TALLAHASSEE, FL 32301 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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/04/2011

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: LAURIE TAYLOR

Electronic Signature of Signing Officer or Director

TRES

01/04/2011

Date