2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008
Secretary of State

DOCUMENT# 686820

Entity Name: TIDWELLS' URETHANE FOAM SERVICE, INC.

Current Principal Place of Business:

2038 W OLIVE ST
LAKELAND, FL 33815

New Principal Place of Business:

Current Mailing Address:

PO BOX 950
LAKELAND, FL 33802

New Mailing Address:

FEI Number: 59-2018812 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TIDWELL, COMER W
2038 W. OLIVE STREET
LAKELAND, FL 33815 US

Name and Address of New Registered Agent:

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 — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: TIDWELL, DAVID WESLEY
Address: 2111 LAKE BENTLEY CT.
City-St-Zip: LAKELAND, FL 33803

Title: CD ( ) Delete
Name: TIDWELL, COMER WADE
Address: 253 HOWARD AVE.
City-St-Zip: LAKELAND, FL 33815

Title: VPD ( ) Delete
Name: WILCOX, MAX G III
Address: 4838 IRIS STREET SOUTH
City-St-Zip: LAKELAND, FL 33813

Title: ST ( ) Delete
Name: SHULTZ, LOIS F.
Address: 1827 TRISTRAM
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: LOIS F. SHULTZ ST 03/19/2008

Electronic Signature of Signing Officer or Director — Date