

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 688048

FILED
Apr 02, 2009
Secretary of State

Entity Name: PRONTO INSULATION COMPANY

Current Principal Place of Business:

4150 MOORES STATION RD
SANFORD, FL 32771 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 951167
LAKE MARY, FL 327731167

New Mailing Address:

FEI Number: 59-2050906

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLIPPARD, DONNA
160 WILSON DR.
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

CLIPPARD, GARY L
160 WILSON DR.
LAKE MARY, FL 32746 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: GARY LEE CLIPPARD

04/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CLIPPARD, DONNA
Address: 160 WILSON DR
City-St-Zip: LAKE MARY, FL 32746

Title: V (X) Delete
Name: CLIPPARD, GARY D
Address: 4150 MOORES STATION RD
City-St-Zip: SANFORD, FL

Title: S (X) Delete
Name: CLIPPARD, GAREY L.
Address: 160 WILSON DR.
City-St-Zip: LAKE MARY, FL 32746

Title: T (X) Delete
Name: CLIPPARD, CODY W
Address: 160 WILSON DR
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CLIPPARD, GARY
Address: 160 WILSON DR
City-St-Zip: LAKE MARY, FL 32746

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: GARY LEE CLIPPARD

P

04/02/2009

Electronic Signature of Signing Officer or Director

Date