

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F68046

FILED  
Jul 07, 2004  
Secretary of State

Entity Name: AMERICAN INSULATORS, INC. OF JACKSONVILLE

## Current Principal Place of Business:

% EDWIN PRESSER  
4811 BEACH BLVD.  
JACKSONVILLE, FL 32207

## New Principal Place of Business:

%NANCY COHEN  
6935 DISTRIBUTION AVE. S.  
JACKSONVILLE, FL 32256

## Current Mailing Address:

6935 DISTRIBUTION AVE S  
JACKSONVILLE, FL 32256 US

## New Mailing Address:

FEI Number: 59-2194961      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PRESSER, EDWIN  
8853 SAN JOSE BLVD.  
SAN JOSE CENTER  
JACKSONVILLE, FL 32217 US

## Name and Address of New Registered Agent:

COHEN, NANCY  
6935 DISTRIBUTION AVE. S.  
JACKSONVILLE, FL 32256 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: NANCY COHEN

07/07/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: COHEN, STANLEY W,  
Address: 2686 SPREADING OAKS LANE  
City-St-Zip: JACKSONVILLE, FL 32223

Title: VP ( ) Delete  
Name: MILLER, RANDY O  
Address: 4362 N. BUCKHEAD DR.  
City-St-Zip: ATLANTA, GA 30342

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: COHEN, NANCY,  
Address: 2686 SPREADING OAKS LANE  
City-St-Zip: JACKSONVILLE, FL 32223

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NANCY COHEN

PRES

07/07/2004

Electronic Signature of Signing Officer or Director

Date