


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

3/ **FILED**  
**Apr 01, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90043 030 \*\*\*150.00

<b>DOCUMENT # F68046</b>	
1. Entity Name AMERICAN INSULATORS, INC. OF JACKSONVILLE	

Principal Place of Business C/O NANCY COHEN 6935 DISTRIBUTION AVE. S. JACKSONVILLE, FL 32256	Mailing Address 6935 DISTRIBUTION AVE S JACKSONVILLE, FL 32256 US
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**66005540**



01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2194961	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

SAFER, ELIOT J ESQ.  
10110 SAN JOSE BLVD.  
JACKSONVILLE, FL 32257

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	COHEN, NANCY
STREET ADDRESS	2686 SPREADING OAKS LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	VP
NAME	MILLER, RANDY O
STREET ADDRESS	4362 N. BUCKHEAD DR.
CITY-ST-ZIP	ATLANTA, GA 30342
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if change 4, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/28/08 904268-4588**

Date

Daytime Phone #