2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2008 8:00 am
Secretary of State
05-06-2008 90030 007 ***150.00

DOCUMENT # G23884

1. Entity Name

THERMOFIN OF FLORIDA, INC.

Principal Place of Business	Mailing Address
4800 NW 15TH AVE FT. LAUDERDALE FL 33309	4800 NW 15TH AVE FT. LAUDERDALE FL 33309

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5371 WINNER CIRCLE LN.	5371 WINNER CIRCLE LN.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: VINTON LA	City & State: VINTON, LA.
Zip: 70668 Country: U.S.A.	Zip: 70668 Country: U.S.A.

4. FEI Number 59-2252797. ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHWENKE, H.M. 2780 E OAKLAND PARK BLVD FT. LAUDERDALE FL 33306	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CCEO SCHAEFER, CLINTON 4800 N.W. 15TH AVE. FT LAUDERDALE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 5371 WINNER CIRCLE LN. VINTON, LA. 70668
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD SPERLING, JOANNE M. 4250 GALT OCEAN DR. #11F FT.LAUDERDALE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPTD SCHAEFER, DANA 4800 NW 15TH AVE. FT.LAUD FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD + VPTD ☑ Change ☑ Addition 5371 WINNER CIRCLE LN. VINTON, LA. 70668
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Clinton C. Schaefer C.E.O. 1/26/08 337-589-2364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #