

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H22527

FILED  
Apr 10, 2010  
Secretary of State

**Entity Name:** ALL-COUNTY INSULATION & SALES, INC.

**Current Principal Place of Business:**

15880 SHAMROCK DR  
FT. MYERS, FL 33912 US

**New Principal Place of Business:**

**Current Mailing Address:**

15880 SHAMROCK LN  
FT. MYERS, FL 33912 US

**New Mailing Address:**

15880 SHAMROCK DR  
FT. MYERS, FL 33912 US

**FEI Number:** 59-2479754

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PASSAMONDI JOAN  
15880 SHAMROCK DRIVE  
FT. MYERS, FL 33912 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  
Name: PASSAMONDI, MICHAEL A.  
Address: 15880 SHAMROCK DR.  
City-St-Zip: FT. MYERS, FL

Title: T  
Name: PASSAMONDI, INGEBORG  
Address: 21 MAUI CIRCLE  
City-St-Zip: NAPLES, FL

Title: S  
Name: PASSAMONDI, JOAN  
Address: 15880 SHAMROCK DR.  
City-St-Zip: FT. MYERS, FL

I hereby 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 all other like empowered.

SIGNATURE: JOAN PASSAMONDI

S

04/10/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date