2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2007
Secretary of State

DOCUMENT# L03000034158

Entity Name: POLYGARD GULFCOAST FIBERGLASS PRODUCTS, LLC

Current Principal Place of Business:

5010 N. COOLIDGE AVENUE
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

5010 N. COOLIDGE AVENUE
TAMPA, FL 33614

New Mailing Address:

FEI Number: 59-1560107 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NORMAN, CHRISTOPHER H
315 S. HYDE PARK AVENUE
TAMPA, FL 33606 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

MANAGING MEMBERS/MANAGERS:

Title: VP ( ) Delete
Name: EMERSON, JOHN J
Address: 5010 N COOLIDGE AVE
City-St-Zip: TAMPA, FL 33614

Title: VP ( ) Delete
Name: PRATT, ERIC S
Address: 5010 N COOLIDGE AVE
City-St-Zip: TAMPA, FL 33614

Title: PRES ( ) Delete
Name: EMERSON, GLENN F
Address: 5010 N COOLIDGE AVE
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES:

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 for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOHN E. EMERSON VP 01/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date