

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90196 037 ***150.00

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1. Entity Name
ALLIED FIBERGLASS INDUSTRIES, INC.



Principal Place of Business
 1145 13TH AVENUE EAST
 PALMETTO, FL 34221 US

Mailing Address
 P.O. BOX 186
 PALMETTO, FL 34234 US

DO NOT WRITE IN THIS SPACE



02092006 No Chg-P CR2E034 (11/05)

4. FEI Number
 65-0228043

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

EDMONSON, J HOMER
 1145 13TH AVENUE EAST
 PALMETTO, FL 34221

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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 reissuing)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	EDMONSON, HOMER J PRES
STREET ADDRESS	C/O 1145 13TH AVENUE EAST
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	VP
NAME	NINA EDMONSON
STREET ADDRESS	1145 13TH AVE E
CITY-ST-ZIP	PALMETTO FLA. 34221
TITLE	VP
NAME	BILL HARVEY
STREET ADDRESS	1145 13TH AVE E
CITY-ST-ZIP	PALMETTO FLA. 34221
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 of 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 or agent or assignee 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 another like empowered.

SIGNATURE _____

J. Homer Edmerson, 4-27-06, 941-723-3072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #