

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000024603

**Entity Name:** FREEDOM INSULATION, INC.

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

11435 CHALLENGER AVE  
ODESSA, FL 33556

**New Principal Place of Business:**

**Current Mailing Address:**

11435 CHALLENGER AVE  
ODESSA, FL 33556

**New Mailing Address:**

**FEI Number:** 59-3631033

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LABARBERA, MICHAEL  
1907 W. KENNEDY BLVD  
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

**OFFICERS AND DIRECTORS:**

**Title:** PST  
**Name:** DAY, APRIL  
**Address:** 23602 GRACEWOOD CIR  
**City-St-Zip:** LAND O LAKES, FL 34639

**Title:** V  
**Name:** ALONZO, EVAN  
**Address:** 18727 GERACI RD  
**City-St-Zip:** LUTZ, FL 33548

**Title:** V  
**Name:** ALONZO, RUSSELL  
**Address:** 1860 N FT HARRISON AVE, #201  
**City-St-Zip:** CLEARWATER, FL 33755

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:** APRIL DAY

PST

01/04/2011

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

\_\_\_\_\_  
Date