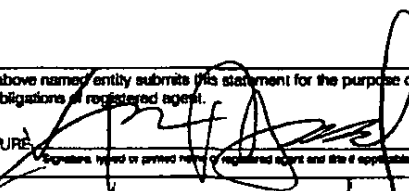
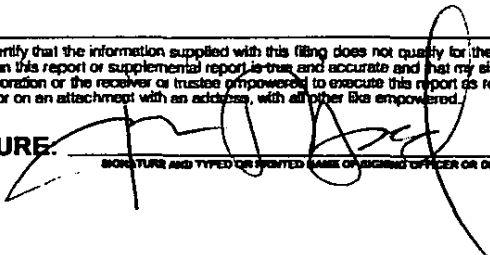


FILED
Mar 08, 2007 8:00 am
Secretary of State

02-20-2007 90069 001 ***450.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000116435			
1. Entity Name SOUTHERN FIBERGLASS MFG INC			
Principal Place of Business 3950 NW 126 AVE. CORAL SPRINGS, FL 33065		Mailing Address 3950 NW 126 AVE. CORAL SPRINGS, FL 33065	
DO NOT WRITE IN THIS SPACE			
		01082007 No Chg-P CR2ED34 (11/05)	
		4. FEI Number 65-1084079	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOLDY, BRIAN 3950 NW 126TH AVE. CORAL SPRINGS, FL 33065		DO NOT WRITE IN THIS SPACE	
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)		DATE	
FILE NOW!! FEE IS \$450.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOLDY, BRIAN 3950 NW 126TH AVE. CORAL SPRINGS, FL 33065		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
DO NOT WRITE IN THIS SPACE			
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 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 filers empowered.			
SIGNATURE  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR		Date Daytime Phone #	