2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State
03-19-2007 90094 016 ***150.00

| DOCUMENT # P01000031426 1. Entity Name JENNINGS INSULATION, INC. | | | | | 6500740 | D | 010 130.00 |
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| 9706 NE 10 | al Place of Business Mailing Address NE 108TH AVENUE 9706 NE 108TH AVENUE SVILLE, FL 32609 GAINESVILLE, FL 32609 | | | | | | 18 3010 1800 U GOR |
| D | O NOT WRITE | CE | 01202007 4. FEI Numb 59-371 | No Chg-P | CR2E034 (| | |
| 6. Name and Address of Current Registered Agent UNITED STATES CORPORATION AGENTS, INC. 1111 LINCOLN RD SUITE 400 MIAMI BEACH, FL 33139 | | | | | NOT W | | |
| 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 late of applicable. (NOTE: Registered Agent signature required when reentating) DATE | | | | | | | |
| FILE NOWIII FEE 18 \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution. | | | | .00 May 8e ed to Fees | | | |
| ITTLE HAME STREET ADDRESS CITY-ST-ZIP | P JENNINGS, JOHN CHRISTIAN 9706 NE 108TH AVE GAINESVILLE, FL 32609 | nectors | | | | | |
| TIFLE MAME STREET ADDRESS CITY-ST-ZIP | ST JENNINGS, HEATHER CLARK 9706 NE 108TH AVE GAINESVILLE, FL 32609 | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | NOT W | | |
| NAME SIREET ADDRESS CITY-ST-ZIP | | | | IN | THIS SP | ACE | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | N (100) | | |
| 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 symblemental 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 register or prostee any exwerted 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 attactivities with all other like empowered. | | | | | | | |

SIGNATURE: SIGNATURE SIGNATURE OF EXHAND OFFICER OR DIRECTOR ONLY