

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000064117

Entity Name: WOLF INSULATION, INC.

FILED
Sep 29, 2009
Secretary of State

Current Principal Place of Business:

719 NW 20TH AVE.
BELL, FL 32619

New Principal Place of Business:

Current Mailing Address:

719 NW 20TH AVE.
BELL, FL 32619

New Mailing Address:

FEI Number: 59-3732984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SANDERS, ROBERT C
719 N.W. 20 AVENUE
BELL, FL 32619 US

Name and Address of New Registered Agent:

POWELL, WENDY
719 N.W. 20 AVENUE
BELL, FL 32619 US

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: WENDY POWELL

09/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SANDERS, ROBERT C
Address: 719 NW 20TH AVE
City-St-Zip: BELL, FL 32619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: POWELL, WENDY
Address: 719 NW 20TH AVE
City-St-Zip: BELL, FL 32619

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WENDY POWELL

D

09/29/2009

Electronic Signature of Signing Officer or Director

Date