2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000090758

Title:

Name:

Address:

City-St-Zip:

COO

MEARS, DAVID J III

3100 E. HIGHWAY 316

CITRA, FL 32113 US

() Delete

FILED May 01, 2007 Secretary of State

Entity Name: COMFORT MAKERS INSULATION, INC.				
Current Pr	incipal Place of Business:	New Principal Place o	New Principal Place of Business:	
2731 NE JA OCALA, FL	ACKSONVILLE ROAD (200A) . 34470			
Current Ma	ailing Address:	New Mailing Address:	New Mailing Address:	
2731 NE JA OCALA, FL	ACKSONVILLE ROAD (200A) . 34470			
FEI Number:	FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
SHOTWELL, GEORGE C JR 445 NE 8TH AVE P.O. BOX 848 OCALA, FL 344780848 US		2731 N.E. JÁCKSONVII	SHOTWELL, GEORGE C JR 2731 N.E. JACKSONVILLE RD(200A) OCALA, FL 34470 US	
The above in the State	named entity submits this statement for the $\ensuremath{\rho}$ of Florida.	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE: GEORGE C SHOTWELL JR		05/01/2007	
	Electronic Signature of Registered Age	ent	Date	
	e with s. 607.193(2)(b), F.S., the corporation did no paign Financing Trust Fund Contribution ().	at receive the prior notice.		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () Delete SHOTWELL, GEORGE C JR PO BOX 848 OCALA, FL 344780848	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete BURTON, KEVIN 5277 S.E. 39TH LOOP OCALA, FL 34480 US	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	T () Delete PROCTOR, THOMAS F 2107 WOODBOURNE AVENUE LOUISVILLE, KY 40205 US	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	S () Delete FONTAINE, JANE B 1721 S.E. 16TH AVENUE, SUITE 103 OCALA, FL 34471 US	Title: (Name: Address: City-St-Zip:) Change ()Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: GEORGE C. SHOTWELL, JR. DP 05/01/2007

() Change () Addition