

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90057 019 ***150.00

DOCUMENT # P05000018197

1. Entity Name

ARCHITECTURAL FOAM PRODUCTS, INC.



Principal Place of Business

912 W VIRGINIA AVE
TAMPA FL 33603
US

Mailing Address

912 W VIRGINIA AVE
TAMPA FL 33603
US



2. Principal Place of Business

103 1/2 E Genesee St.

3. Mailing Address

912 W. Virginia Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Tampa, FL

City & State

Tampa FL

4. FEI Number

36 456 8294

Applied For

Not Applicable

Zip

33603

Country

USA

Zip

33603

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COTTLE, CATHERINE
912 W VIRGINIA AVE
TAMPA FL 33603

7. Name and Address of New Registered Agent

Name Cottle, Catherine

Street Address (P.O. Box Number is Not Acceptable)

912 W. Virginia Ave

City Tampa

FL

Zip Code

33603

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

Catherine Cottle

Catherine Cottle

2-2-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE SD
NAME COTTLE, CATHERINE D
STREET ADDRESS 912 WEST VIRGINIA AVE
CITY-ST-ZIP TAMPA FL 33603 ☐ Delete

TITLE PD
NAME COTTLE, BRUCE E
STREET ADDRESS 912 WEST VIRGINIA AVE
CITY-ST-ZIP TAMPA FL 33603 ☐ Delete

TITLE VD
NAME BAKER, JASON I
STREET ADDRESS 912 W VIRGINIA AVE
CITY-ST-ZIP TAMPA FL 33603 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.

SIGNATURE:

Catherine Cottle SD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-06 813-204-9229

Date

Daytime Phone #