

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000018197

1. Entity Name

ARCHITECTURAL FOAM PRODUCTS, INC.



Principal Place of Business

103 1/2 E. GENESEE ST  
TAMPA, FL 33603 US

Mailing Address

912 W VIRGINIA AVE  
TAMPA, FL 33603 US



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

36-4568294

Applied For

Not Applicable

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

**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.

(NOTE: Registered Agent signature required when renating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

1000000596786  
01/24/07-80010-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	COTTLE, CATHERINE D
STREET ADDRESS	912 WEST VIRGINIA AVE
CITY - ST - ZIP	TAMPA, FL 33603
TITLE	PD
NAME	COTTLE, BRUCE E
STREET ADDRESS	912 WEST VIRGINIA AVE
CITY - ST - ZIP	TAMPA, FL 33603
TITLE	VD
NAME	BAKER, JASON L
STREET ADDRESS	912 W VIRGINIA AVE
CITY - ST - ZIP	TAMPA, FL 33603
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 like empowered.

SIGNATURE:

*Catherine D Cottle*

1.19.07 813 204-9229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #