

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 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**

**DO NOT WRITE IN THIS SPACE**



01112008 No Chg-P CR2E034 (11/05)

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

*Catherine D. Cottle*

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

(NOTE: Registered Agent signature required when reinstating)

*1.11.08*

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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
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	

000000795856  
01/29/08-80008-022 150.00

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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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1.11.08 813 204 9229*

Date

Daytime Phone #