

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 22, 2007 8:00 am
Secretary of State

05-22-2007 90015 040 ***150.00

DOCUMENT # P06000056482

1. Entity Name

NOVI INSULATION FL INC.



Principal Place of Business

2002 42ND STREET
WINTERHAVEN FL 33881

Mailing Address

23660 INDUSTRIAL PARK DRIVE
111
FARMINGTON HILLS MI 48335



2. Principal Place of Business - No P.O. Box #

9951 12th WAY North

3. Mailing Address

1st MOORE CR2E034 (10/06)

Suite, Apt. #, etc.

Bldg 12 - APT 108

Suite, Apt. #, etc.

City & State

City & State

ST. Petersburg, FLA

4. FEI Number

562588287

Applied For

Not Applicable

Zip

County

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DONNELL, CLAYTON D

2002 42ND STREET

WINTERHAVEN FL 33881

change ->

Name

DONNELL, CLAYTON D.

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

9951 12th WAY North

Bldg 12 - Apt 108

City

ST. Petersburg

FL

Zip Code

33716

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]

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

(NOTE: Registered Agent signature required when reinstating)

5/1/07

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	DONNELL, CLAYTON D	
STREET ADDRESS	2002 42ND STREET	
CITY - ST - ZIP	WINTERHAVEN FL 33881	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STONE, STEPHEN S	
STREET ADDRESS	1225 JACOBY	
CITY - ST - ZIP	MILFORD MI 48380	
TITLE	SEC.	<input type="checkbox"/> Delete
NAME	MROZEK, VICTOR N	
STREET ADDRESS	6645 BENTLEY LAKE RD	
CITY - ST - ZIP	PINCKNEY MI 48169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9951 12th WAY North	
STREET ADDRESS	Bldg 12 - APT. 108	
CITY - ST - ZIP	ST. Petersburg, FL 33716	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/07

248-478-1885

Daytime Phone #