

2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90020 034 \*\*\*158.75

**DOCUMENT # P07000036950**

1. Entity Name  
**ICF WALL SYSTEMS AND SUPPLIES, INC.**



Principal Place of Business      Mailing Address  
**8802 CORPORATE SQUARE COURT**      **8802 CORPORATE SQUARE COURT**  
**SUITE 101**      **SUITE 101**  
**JACKSONVILLE, FL 32216**      **JACKSONVILLE, FL 32216**

2. Principal Place of Business - No P.O. Box      3. Mailing Address  
**9951 Atlantic Blvd**      **9951 Atlantic Blvd**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite 136**      **Suite 136**

City & State      City & State  
**Jacksonville, Florida**      **Jacksonville, Florida**  
 Zip      Zip      Country      Country  
**32225**      **32225**      **USA**      **USA**



04152008    Chg-P    CR2E034 (12/06)

4. FEI Number      Applied For  
**00-8725942**       Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**JOHNS, DEANNE Z**  
**8802 CORPORATE SQUARE COURT**  
**SUITE 101**  
**JACKSONVILLE, FL 32216**

7. Name and Address of New Registered Agent  
 Name **Deanne Z. Johns**  
 Street Address (P.O. Box Number is Not Acceptable) **12572 Rock Rose Lane**  
 City **Jacksonville**      FL      Zip Code **32225**

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: Deanne Z Johns      DATE: 7-30-08  
(Signature, typed or printed name of registered agent, and title, if applicable. (NOTE: Registered Agent signature required when re-registering))

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DPST	JOHNS, DEANNE Z	12572 ROCK ROSE LANE	JACKSONVILLE, FL 32216	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: Deanne Z Johns  
SIGNATURE AND TYPED OR PRINTED NAME OF EXHIBIT OFFICER OR DIRECTOR