

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000036950

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

9951 ATLANTIC BLVD  
SUITE 136  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

9951 ATLANTIC BLVD  
SUITE 136  
JACKSONVILLE, FL 32225

**New Mailing Address:**

**FEI Number:** 20-8725942

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JOHNS, DEANNE Z  
12572 ROCK ROSE LANE  
JACKSONVILLE, FL 32225 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: JOHNS, DEANNE Z  
Address: 12572 ROCK ROSE LANE  
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DEANNE Z JOHNS

DPST

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date