

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000054133

Entity Name: WILLIAMS INSULATION, INC.

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4909 N US1 HWY SUITE B31  
COCOA, FL 32926

**New Principal Place of Business:**

**Current Mailing Address:**

4955 CITRUS BLVD  
COCOA, FL 32926

**New Mailing Address:**

6090 WILDERNESS AVENUE  
COCOA, FL 32927

FEI Number: 26-2746065

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILLIAMS, TIM  
4955 CITRUS BLVD  
COCOA, FL 32926 US

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

KATZ, JENNIFER  
6090 WILDERNESS AVENUE  
COCOA, FL 32927 US

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: JENNIFER LEE KATZ

04/18/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: KATZ, JENNIFER  
Address: 6090 WILDERNESS AVENUE  
City-St-Zip: COCOA, FL 32927

Title: D  
Name: KATZ, MITCHELL  
Address: 6090 WILDERNESS AVENUE  
City-St-Zip: COCOA, FL 32927

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: JENNIFER LEE KATZ

PRES

04/18/2011

Electronic Signature of Signing Officer or Director

Date