

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000064985

FILED  
Mar 26, 2009  
Secretary of State

Entity Name: COMFORTCASTDIRECT CORP

**Current Principal Place of Business:**

415 CYPRESS ROAD  
OCALA, FL 34472

**New Principal Place of Business:**

**Current Mailing Address:**

415 CYPRESS ROAD  
OCALA, FL 34472

**New Mailing Address:**

FEI Number: 26-2936940      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SOUTHWIND MANUFACTURING LLC  
415 CYPRESS ROAD  
OCALA, FL 34472      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PERRY, CHARLES A III  
Address: 3477 LAKESHORE BLVD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP ( ) Delete  
Name: BERKLEY, ROBERT D  
Address: 4645 PAMELA DRIVE  
City-St-Zip: YANKEETOWN, FL 34498

Title: T ( ) Delete  
Name: SCHMID, MELODY D  
Address: 8801 SE 89TH STREET  
City-St-Zip: OCALA, FL 34472

Title: S ( ) Delete  
Name: WINCHESTER, COLLEEN M  
Address: 447 SPRING DRIVE  
City-St-Zip: OCALA, FL 34472

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: PERRY, CHARLES A  
Address: 3477 LAKESHORE BLVD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: S (X) Change ( ) Addition  
Name: BERKLEY, DAVID R  
Address: 4645 PAMELA DRIVE  
City-St-Zip: YANKEETOWN, FL 34498

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT D. BERKLEY

VP

03/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date