

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17758

FILED  
Jan 17, 2007  
Secretary of State

**Entity Name:** BAY INSULATION OF FLORIDA, A DIVISION OF BAY INDUSTRIES, INCORPORATED

**Current Principal Place of Business:**

2929 WALKER DR  
PO BOX 9229  
GREEN BAY, WI 54308 US

**New Principal Place of Business:**

2929 WALKER DR  
GREEN BAY, WI 54311 US

**Current Mailing Address:**

2929 WALKER DR  
PO BOX 9229  
GREEN BAY, WI 543089229 US

**New Mailing Address:**

FEI Number: 39-1573491      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: PTD ( ) Delete  
Name: SCHMIDT, ARNOLD W PRES  
Address: 2929 WALKER DR  
City-St-Zip: GREEN BAY, WI 54311

Title: VSD ( ) Delete  
Name: SCHMIDT, GLORIA J VP  
Address: 2929 WALKER DR  
City-St-Zip: GREEN BAY, WI 54311

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ARNOLD W. SCHMIDT

PRES

01/17/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date