

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000068058

1. Entity Name
GAYLORD INSULATION, INC.



Principal Place of Business
13869 COUNTY ROAD 137
WELLBORN, FL 32094

Mailing Address
846 SW MAIN BLVD
LAKE CITY, FL 32025



02152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3207414	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GAYLORD, CHRISTINA
13869 COUNTY ROAD 137
WELLBORN, FL 33094

**DO NOT WRITE
IN THIS SPACE**

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

Christina Gaylord

(NOTE: Registered Agent signature required when reinstating)

2-20-07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GAYLORD, PHILLIP
STREET ADDRESS	13869 COUNTY ROAD 137
CITY-ST-ZIP	WELLBORN, FL 32094

TITLE	S
NAME	DAVIS, NETTIE
STREET ADDRESS	846 SW MAIN BLVD
CITY-ST-ZIP	LAKE CITY, FL 32025

TITLE	T
NAME	GAYLORD, CHRISTINA
STREET ADDRESS	13869 COUNTY ROAD 137
CITY-ST-ZIP	WELLBORN, FL 32094

TITLE	
NAME	
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CITY-ST-ZIP	

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03/02/07-80038-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Christina Gaylord

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-07 386-963-5105

Date

Daytime Phone #