

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000068058

**FILED**  
**Feb 28, 2012**  
**Secretary of State**

**Entity Name:** GAYLORD INSULATION, INC.

**Current Principal Place of Business:**

13869 COUNTY ROAD 137  
WELLBORN, FL 32094

**New Principal Place of Business:**

**Current Mailing Address:**

13869 COUNTY ROAD 137  
WELLBORN, FL 32094

**New Mailing Address:**

**FEI Number:** 59-3207414

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GAYLORD, CHRISTINA  
13869 COUNTY ROAD 137  
WELLBORN, FL 32094 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: P  
Name: GAYLORD, PHILLIP  
Address: 13869 COUNTY ROAD 137  
City-St-Zip: WELLBORN, FL 32094

Title: S  
Name: DAVIS, NETTIE  
Address: 846 SW MAIN BLVD  
City-St-Zip: LAKE CITY, FL 32025

Title: T  
Name: GAYLORD, CHRISTINA  
Address: 13869 COUNTY ROAD 137  
City-St-Zip: WELLBORN, FL 32094

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: CHRISTINA GAYLORD

T

02/28/2012

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

\_\_\_\_\_  
Date