


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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| <b>DOCUMENT # P94000078526</b><br>1. Entity Name<br><b>FIBERGLASS SOLUTIONS INTERNATIONAL, INC.</b> |  |
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|--|--|
| Principal Place of Business<br><b>11000 METRO PARKWAY SUITE 20<br/>FT. MYERS, FL 33966</b> | Mailing Address<br><b>11000 METRO PARKWAY SUITE 20<br/>FT. MYERS, FL 33966</b> |
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**DO NOT WRITE IN THIS SPACE**

**FILED**  
**Sep 02, 2008 08:00 AM**  
**Secretary of State**



06042008 No Chg-P CR2E034 (11/05)

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>65-0532149</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|   |   |
|---|---|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional<br/>Fee Required</b> |
|---|---|

6. Name and Address of Current Registered Agent

**WHITENER, MICHAEL D  
11000 METRO PARKWAY SUITE 20  
FT. MYERS, FL 33966**

**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.

000000953749  
09/02/08-80004-025 150.00

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|  |  |   |
|--|--|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 12, 2008</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> | In accordance with s. 607.193(2)(b), F.S., the<br>corporation did not receive the prior notice. |
|--|--|---|

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WHITENER, MICHAEL D<br>11000 METRO PARKWAY SUITE 20<br>FT. MYERS, FL 33966 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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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:**  **8/29/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #