

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90196 036 ***150.00

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1. Entity Name
CHAMPION FIBERGLASS PRODUCTS, INC.



Principal Place of Business

1145 13TH AVE EAST
PALMETTO, FL 34221

Mailing Address

1145 13TH AVE EAST
PALMETTO, FL 34221

DO NOT WRITE IN THIS SPACE



02092006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0580079

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EDMONSON, J. HOMER
1145-13TH AVE E
PALMETTO, FL 34221

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	EDMONSON, J. HOMER
STREET ADDRESS	1145 13TH AVENUE EAST
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	VP
NAME	NINA EDMONSON
STREET ADDRESS	1145 13TH AVE E
CITY-ST-ZIP	PALMETTO FLA. 34221
TITLE	VZ
NAME	BILL CLARK
STREET ADDRESS	1145 13TH AVE E
CITY-ST-ZIP	PALMETTO FLA. 34221
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Homer Edmonson
J. Homer Edmonson 4-27-06, 941-723-3072
Date Daytime Phone #