
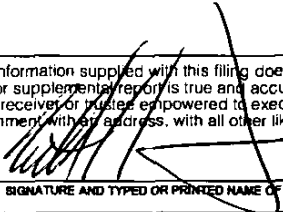


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90263 024 \*\*\*150.00

<b>DOCUMENT # P94000086854</b>			
1. Entity Name <b>CHAMPION FIBERGLASS PRODUCTS, INC.</b>			
Principal Place of Business <b>1145 13TH AVE EAST PALMETTO, FL 34221</b>		Mailing Address <b>1145 13TH AVE EAST PALMETTO, FL 34221</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>P.O. Box 186</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>PALMETTO, FL</b>	
Zip	Country	Zip	Country
		<b>34220</b>	<b>US</b>
4. FEI Number <b>65-0580079</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>EDMONSON, J. HOMER 1145-13TH AVE E PALMETTO, FL 34221</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EDMONSON, J. HOMER</b>	NAME	
STREET ADDRESS	<b>1145 13TH AVENUE EAST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PALMETTO, FL 34221</b>	CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EDMONSON, NINA</b>	NAME	
STREET ADDRESS	<b>1145 13TH AVE E</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PALMETTO, FL 34221</b>	CITY-ST-ZIP	
TITLE	<b>VS</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARVEY, BILL</b>	NAME	<b>VS HARVEY, William L.</b>
STREET ADDRESS	<b>1145 13TH AVE E</b>	STREET ADDRESS	<b>1145-13th Ave E.</b>
CITY-ST-ZIP	<b>PALMETTO, FL 34221</b>	CITY-ST-ZIP	<b>PALMETTO, FL 34221</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		Date: <b>4-19-07</b> Daytime Phone #: <b>941-723-3072</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			