2008 FOR PROFIT CORPORATION

Mar 07, 2008 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P95000060099 CONSERVATION INSULATION & WINDOWS, INC. Principal Place of Business Mailing Address 126 JOSEPH AVENUE POST OFFICE BOX 346 NICEVILLE, FL 32578 NICEVILLE, FL 32588 01212008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3333978 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WENNSTROM, KENT A DO NOT WRITE 126 JOSEPH AVE NICEVILLE, FL 32578 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PVPS** TITLE WENNSTROM, KENT A NAME U00000850880 03/25/08-80016-006 150.00 STREET ADDRESS 126 JOSEPH AVENUE CITY-ST-ZIP NICEVILLE, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED