2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 03, 2008 08:00 Al Secretary of State DOCUMENT # P96000079737 1. Entity Name JOE BROWDER CONSOLIDATED FIBERGLASS, INC. Principal Place of Business Mailing Address 6925 HWY 60 WEST P.O. BOX 1848 **RUSSELL SPRINGS KY 42642** MULBERRY FL 33860 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/07) 4. FEI Number City & State City & State Applied For 59-3401337 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROWDER, CHARLES Street Address (P.O. Box Number is Not Acceptable) 4425 MEADOW RIDGE AVE. MULBERRY FL 33860 City Zin 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 Separative, typod or privad leaner of registered agent and the Tampicable (NOTE: Registered Agent eignaturn required whon roinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE ☐ Change Addition BROWDER, CHARLES L NAME NAME STREET ADDRESS 4425 MEADOW RIDGE AVE. STREET ADDRESS U00000878303 CITY-ST-ZIP MULBERRY FL 33860 CITY-ST-ZIP 04/14/08-80049-013 150.00 Derete TITLE DILE ☐ Change Addition BROWDER, SHIRLEY A NAME NAME STREET ADDRESS 4425 MEADOW RIDGE AVE. STREET ADDRESS CITY+ST-7IP MULBERRY FL 33860 CITY-ST-ZIP Delete ☐ Change TITLE THLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Derete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP TITLE ☐ Delete TATLE ☐ Change ■ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Derete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-7IP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TUPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Date of Tupe A.

Date