


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90063 032 \*\*\*150.00

<b>DOCUMENT # P97000077077</b> 1. Entity Name <b>ADVANCED INSULATION OF CENTRAL FLORIDA, INC.</b>					
Principal Place of Business <b>235 SR 207 UNIT 2A ST AUGUSTINE, FL 32080</b>			Mailing Address <b>POST OFFICE BOX 127 FLAGLER BEACH, FL 32136</b>		
2. Principal Place of Business - No P.O. Box # <b>109 MARSHALL CIRCLE</b>		3. Mailing Address <b>109 MARSHALL CIRCLE</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>ST. AUGUSTINE, FL</b>		City & State <b>ST. AUGUSTINE, FL</b>		4. FEI Number <b>59-3469539</b>	
Zip <b>32080</b>		Country <b>ST JOHNS</b>		Zip <b>32080</b>	
Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>KNIGHT, JERRY C 4721 E MOODY BLVD BLDG 5, SUITES 505 &amp; 506 BUNNELL, FL 32110</b>				7. Name and Address of New Registered Agent Name <b>GREGORY RUSSELL</b> Street Address (P.O. Box Number is Not Acceptable) <b>8 C STREET</b> City <b>ST. AUGUSTINE, FL</b> Zip Code <b>32080</b>	
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 <u><i>Jerry C. Russell</i></u> DATE <u>1/11/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D RODRIGUES, FRANK G 155 LEHIGH AV FLAGLER BCH, FL 32136	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP.D RUSSELL, GREG 8 C STREET SAINT AUGUSTINE, FL 32080	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u><i>Jerry C. Russell</i></u> DATE <u>1/11/07</u> DAYTIME PHONE <u>904 797 3397</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40037243



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Applied For  
Not Applicable