

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000097994

**Entity Name:** NORTH FLORIDA SPRAYFOAM, INC.

**Current Principal Place of Business:**

81 HAIDA TRAIL  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

81 HAIDA TRAIL  
CRAWFORDVILLE, FL 32327

**FEI Number:** 20-5263725

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

AUTREY, CLYDE N  
81 HAIDA TRAIL  
CRAWFORDVILLE, FL 32327 US

*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.*

**SIGNATURE:** CLYDE AUTREY

03/18/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name AUTREY, CLYDE N  
Address 81 HAIDA TRAIL  
City-State-Zip: CRAWFORDVILLE FL 32327

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CLYDE N AUTREY

PRESIDENT

03/18/2025

Electronic Signature of Signing Officer/Director Detail

Date