

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000068553

**FILED
Jun 27, 2008
Secretary of State**

Entity Name: FLORIDA FOAM INSULATION, INC

Current Principal Place of Business:

2155 82ND AVE SW
VERO BEACH, FL 32968 US

New Principal Place of Business:

Current Mailing Address:

2155 82ND AVE SW
VERO BEACH, FL 32968 US

New Mailing Address:

FEI Number: 26-0440627 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PERRON, NIEL F
2155 82ND AVE SW
VERO BEACH, FL 32968 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PERRON, NIEL F
Address: 2155 82ND AVE SW
City-St-Zip: VERO BEACH, FL 32968 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC () Change (X) Addition
Name: GOFF, TERRY
Address: 1940 10TH AV
City-St-Zip: VERO BEACH, FL 32960 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TERRY GOFF

SEC

06/27/2008

Electronic Signature of Signing Officer or Director

_____ Date