2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 09, 2004 08:00 AM DOCUMENT # H12200 Secretary of State BUDDY'S GLASS & WINDOW CO., INC. Principal Place of Business Mailing Address % ARTHUR O. BOYETT, IR. % ARTHUR O. BOYETT, IR. 5166 B. WOODLANE CIRCLE 5166 B. WOODLANE CIRCLE TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303 07062004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2429066 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BOYETT, ARTHUR O., JR. DO NOT WRITE 1548 BEAVER CREEK DRIVE HAVANA, FL 32333 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, ____(NOTE. Registered Agent signature required when rematating) __ DATE Signature, typed or printed name of registered agent and tide if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 in accordance with s. 607.193(2)(b), F.S., the Due by September 8, 2004 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS PD TISLE NAME BOYETT, ARTHUR O., JR. STREET ADDRESS 1548 BEAVER CREEK DRIVE CITY-ST-ZIP HAVANA, FL 32333 000000164985 07/03/04-80011-020 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP 33733

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119,07(3)(i). Florida Statutes, I turther 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an Address, with all other like empowered.

SIGNATURE:

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

A.O. "BUDDY"

7/5/04

BOYETT

(850) 562-1415

FILED