2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State
02-28-2005 90212 011 ***150.00

DOCUMENT # M87319

1. Entity Name
CUSTOM GLASS TINTING OF LAKELAND, FL.

Principal Place of Business	Mailing Address
~~2179 E EDGEWOOD DR LAKELAND FL 33803 US~~	~~2179 E EDGEWOOD DR LAKELAND FL 33803 US~~

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
5 Chase Court	5 Chase Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Haven Fla	City & State: Winter Haven, Fla
Zip: 33880 Country: USA	Zip: 33880 Country: USA

4. FEI Number NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOYKIN, FRANK P
2179 E EDGEWOOD DR.
LAKELAND FL 33803

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip 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 [signature] 2/16/2005
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	President ☒ Change ☐ Addition
NAME	BOYKIN, FRANK P. Change this	NAME	Boykin, Frank P.
STREET ADDRESS	2179 E. EDGEWOOD DR	STREET ADDRESS	5 Chase Court
CITY-ST-ZIP	LAKELAND FL ← To this →	CITY-ST-ZIP	Winter Haven, Fla 33880
TITLE	☐ Delete	TITLE	Vice President ☐ Change ☒ Addition
NAME		NAME	Boykin, Suzanna N.
STREET ADDRESS		STREET ADDRESS	5 Chase Court
CITY-ST-ZIP		CITY-ST-ZIP	WinterHaven, Fla 33880
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] 2/16/2005 863-604-2645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #