

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.	

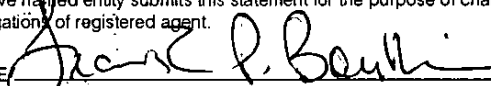
Principal Place of Business 2179 E EDGEWOOD DR LAKELAND FL 33803 US	Mailing Address 2179 E EDGEWOOD DR LAKELAND FL 33803 US
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2. Principal Place of Business 5 CHASE COURT	3. Mailing Address 5 CHASE COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State WINTER HAVEN FLA	City & State WINTER HAVEN FLA
Zip 33860	Zip 33860
Country USA	Country USA

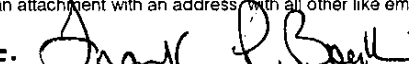
	
1st MOORE	CR2E034 (10/04)
4. FEI Number NO-T APPLICABLE	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

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  DATE 2/16/2005 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYKIN, FRANK P. 2179 E. EDGEWOOD DR LAKELAND FL <i>CHANGE this TO this</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BOYKIN, FRANK P. 5 CHASE COURT WINTER HAVEN, FLA 33860 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT BOYKIN, SUZANNA H. 5 CHASE COURT WINTER HAVEN, FLA 33860 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 2/16/2005 Daytime Phone # 863-604-2645