

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90291 042 ***150.00

DOCUMENT # M87319	
1. Entity Name CUSTOM GLASS TINTING OF LAKELAND, FL.	

Principal Place of Business 5 CHASE CRT WINTER HAVEN FL 33880 US	Mailing Address 5 CHASE CRT WINTER HAVEN FL 33880 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.

1st MOORE CR2E034 (10/05)

City & State WINTER HAVEN, FLA	City & State WINTER HAVEN, FLA
Zip 33880	Zip 33880
Country USA	Country USA

4. FEI Number NO-T APPLICABLE	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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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 Frank P. Boykin Signature, typed or printed name of registered agent and title if applicable	DATE 4/4/2006 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00. After May 1, 2006 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	P BOYKIN, FRANK P 8 CHASE CRT WINTER HAVEN FL 33880 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 CHASE COURT WINTER HAVEN, FLA 33880 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOYKIN, SUZANNA M 5 CHASE CRT WINTER HAVEN FL 33880 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Frank P. Boykin SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 4/4/2006	Daytime Phone # 863-604-2645
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