2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 07, 2008 8:00 am Secretary of State DOCUMENT # M87319 1. Entity Name 04-07-2008 90029 027 ***150.00 CUSTOM GLASS TINTING OF LAKELAND, FL. Principal Place of Business Mailing Address 5 CHASE CRT 5 CHASE CRT WINTER HAVEN FL 33880 WINTER HAVEN FL 33880 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Boy Lin FRANK K. Y Street Address (P.O. Box Number is Not Acceptable) SILI Spanish CAKS Drive FRANK P. & SUZANNA -BOYKIN, FRANK P PAT & SUZANNA BOYKIN 5111 SPANISH OAKS DR LAKELAND FL 33805 Zip Code 3380S 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, typed or printed name of registered agent and title 4 applicable. (NOTE: Registered Agent agniture required when reinstitting) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Defete Change 2 Addition BOUKIN, FRANC ? NAME BOYKIN, FRANK P NAME 5 CHASE CT SIN JAMES LEWART 1112 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33880 CITY-ST-ZIP Larleland F1 33805 VP ☐ Delete Change ☐ Addition Bouthof Suzania H. SIN SPANISH DAKS Drive BOYKIN, SUZANNA M STREET ADDRESS 5 CHASE CRT STREET ADDRESS Lateland fr 33805 CITY-ST-ZIP WINTER HAVEN FL 33880 CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-78P Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP III: E ☐ Delete TITLE Change ☐ Addition 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. Thereby certify that the information supplied with this filling 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 feceiver 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. POYKIN, President 3/25/2008 863-604-2645

FILED