

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 176604

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: LEE & CATES GLASS, INC.

**Current Principal Place of Business:**

142 MADISON STREET  
P.O. BOX 41146  
JACKSONVILLE, FL 32203

**New Principal Place of Business:**

**Current Mailing Address:**

142 MADISON STREET  
P.O. BOX 41146  
JACKSONVILLE, FL 32203

**New Mailing Address:**

P O BOX 41146  
JACKSONVILLE, FL 32203

FEI Number: 59-0713691

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEE, THOMAS D. JR.  
142 MADISON ST  
JACKSONVILLE, FL 32204 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LEE, THOMAS D. III  
Address: 3615 VIA DE LA REINA  
City-St-Zip: JACKSONVILLE, FL

Title: CD ( ) Delete  
Name: LEE, THOMAS D. JR.,  
Address: 3340 SAN JOSE BLVD  
City-St-Zip: JACKSONVILLE, FL

Title: STD ( ) Delete  
Name: PADGETT, MARY MAUDE,  
Address: 3762 TOWNSEND OAK CT  
City-St-Zip: JACKSONVILLE, FL

Title: VPD ( ) Delete  
Name: PADGETT, RICK Z.  
Address: 3834 TOWNSEND BLVD.  
City-St-Zip: JACKSONVILLE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS D LEE, III

P

04/29/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date