

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 285744

FILED
Jan 04, 2006
Secretary of State

Entity Name: BILL & LYNN'S GLASS & SHELVING, INC.

Current Principal Place of Business:

4242 BANDY BLVD.
FORT PIERCE, FL 349814733 US

New Principal Place of Business:

Current Mailing Address:

4242 BANDY BLVD.
FORT PIERCE, FL 349814733 US

New Mailing Address:

FEI Number: 59-1634003 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOUNTS, SUSAN E
550 NW TWYLITE TERR
PORT ST. LUCIE, FL 34983 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: MOUNTS, BILLY H
Address: 550 NW TWYLITE TERR
City-St-Zip: PORT ST LUCIE, FL 34983

Title: VSD () Delete
Name: MOUNTS, SUSAN W
Address: 550 NW TWYLITE TERR
City-St-Zip: PORT ST LUCIE, FL 34983

Title: S () Delete
Name: WORKMAN, DANIELLE R
Address: 352 DENNISON DRIVE
City-St-Zip: PORT ST LUCIE, FL 34952

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MOUNTS, BILLY H
Address: 550 NW TWYLITE TERR
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: VSD (X) Change () Addition
Name: MOUNTS, SUSAN W
Address: 550 NW TWYLITE TERR
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: S (X) Change () Addition
Name: WORKMAN, DANIELLE R
Address: 352 DENNISON DRIVE
City-St-Zip: PORT ST LUCIE, FL 34952 US

Title: T () Change (X) Addition
Name: MOUNTS, TRAVIS R
Address: 5251 EDWARDS ROAD
City-St-Zip: FORT PIERCE, FL 34950 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: SUSAN W. MOUNTS

VPD

01/04/2006

Electronic Signature of Signing Officer or Director

_____ Date