

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # M91982

1. Entity Name
CAPITAL GLASS & TINTING, INC.



Principal Place of Business
1355 NORTH MONROE ST
TALLAHASSEE, FL 32303 US

Mailing Address
P.O. BOX 38204
TALLAHASSEE, FL 32315-8204



02102005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2744751

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUNTER, ERVIN
1355 N MONROE STREET
TALLAHASSEE, FL 32303

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HUNTER, ERVIN 1355 N MONROE ST. TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HUNTER, CALVIN 2415 DAWSON RD., #W-2 ALBANY, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/22/05-80070-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 fee empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-05 850-222-1891

Date Daytime Phone #