2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # M91982

1. Entity Name
CAPITAL GLASS & TINTING, INC.

Principal Place of Business	Mailing Address
1355 NORTH MONROE ST	P.O. BOX 38204
TALLAHASSEE, FL 32303 US	TALLAHASSEE, FL 32315-8204

04242008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2744751	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 _____   DATE 4/30·08

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	HUNTER, ERVIN
STREET ADDRESS	1355 N MONROE ST.
CITY-ST-ZIP	TALLAHASSEE, FL

TITLE	DST
NAME	HUNTER, CALVIN
STREET ADDRESS	2415 DAWSON RD., #W-2
CITY-ST-ZIP	ALBANY, GA

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/28/08-80035-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____   4-30-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #