


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90028 030 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P00000066059</b>                       |  |
| <b>1. Entity Name</b><br>FIBERGLASS LAMINATORS, INC. |   |

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| <b>Principal Place of Business</b><br>RT. 8 BOX 26<br>LAKE CITY FL 32055 | <b>Mailing Address</b><br>RT. 8 BOX 26<br>LAKE CITY FL 32055 |
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| <b>2. Principal Place of Business</b><br>139 N.W. TAST LANE<br>Suite, Apt. #, etc. | <b>3. Mailing Address</b><br>139 N.W. TAST LANE<br>Suite, Apt. #, etc. |
|--|--|

|   |   |
|---|---|
| <b>City &amp; State</b><br>Lake City FL | <b>City &amp; State</b><br>Lake City FL |
| <b>Zip</b><br>32055                     | <b>Zip</b><br>32055                     |
| <b>Country</b><br>USA                   | <b>Country</b><br>USA                   |

|  |  |
|--|--|
| <b>6. Name and Address of Current Registered Agent</b> |  |
| BROWN, HARRY S<br>RT. 8 BOX 26<br>LAKE CITY FL 32055   |  |

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|--|-------------|
| <b>7. Name and Address of New Registered Agent</b> |             |
| Name   |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
| City   | FL Zip Code |

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|--|---|
| <b>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.</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
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|  |                                 |  |   |
|--|---------------------------------|--|---|
| <b>10. OFFICERS AND DIRECTORS</b>        |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> |   |
| <b>TITLE</b><br>D                        | <input type="checkbox"/> Delete | <b>TITLE</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b><br>BROWN, HARRY S            |                                 | <b>NAME</b>  |   |
| <b>STREET ADDRESS</b><br>RT. 8 BOX 26    |                                 | <b>STREET ADDRESS</b>  |   |
| <b>CITY-ST-ZIP</b><br>LAKE CITY FL 32055 |                                 | <b>CITY-ST-ZIP</b>   |   |
| <b>TITLE</b>                             | <input type="checkbox"/> Delete | <b>TITLE</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>                              |                                 | <b>NAME</b>  |   |
| <b>STREET ADDRESS</b>                    |                                 | <b>STREET ADDRESS</b>  |   |
| <b>CITY-ST-ZIP</b>                       |                                 | <b>CITY-ST-ZIP</b>   |   |
| <b>TITLE</b>                             | <input type="checkbox"/> Delete | <b>TITLE</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>                              |                                 | <b>NAME</b>  |   |
| <b>STREET ADDRESS</b>                    |                                 | <b>STREET ADDRESS</b>  |   |
| <b>CITY-ST-ZIP</b>                       |                                 | <b>CITY-ST-ZIP</b>   |   |
| <b>TITLE</b>                             | <input type="checkbox"/> Delete | <b>TITLE</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>                              |                                 | <b>NAME</b>  |   |
| <b>STREET ADDRESS</b>                    |                                 | <b>STREET ADDRESS</b>  |   |
| <b>CITY-ST-ZIP</b>                       |                                 | <b>CITY-ST-ZIP</b>   |   |
| <b>TITLE</b>                             | <input type="checkbox"/> Delete | <b>TITLE</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>                              |                                 | <b>NAME</b>  |   |
| <b>STREET ADDRESS</b>                    |                                 | <b>STREET ADDRESS</b>  |   |
| <b>CITY-ST-ZIP</b>                       |                                 | <b>CITY-ST-ZIP</b>   |   |

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| <b>12. I hereby certify that the information supplied with this filing does not qualify 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 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.</b> |                      |
| <b>SIGNATURE:</b><br>H.S. BROWN<br>2/27/04   | <b>3826-755-6567</b> |