

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90031 024 \*\*\*150.00

DOCUMENT # P00000092623

1. Entity Name

B & K FIBERGLASS, INC.



Principal Place of Business

2290 ARROWHEAD AVE.  
MIDDLEBURG FL 32068

Mailing Address

2290 ARROWHEAD AVE.  
MIDDLEBURG FL 32068

2. Principal Place of Business

2640-204 Blanding Blvd  
Suite, Apt. #, etc.  
176

3. Mailing Address

2640-204 Blanding Blvd  
Suite, Apt. #, etc.  
176

City & State  
Middleburg FL

Zip Country  
32068 USA

City & State  
Middleburg FL

Zip Country  
32068 USA



MOORE

CR2E034 (11/03)

4. FEI Number 59-3673954

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BLOOMER, GEORGE M  
2362 A. BLANDING BLVD.  
MIDDLEBURG FL 32068

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME ROWE, KAREN M ☐ Delete  
STREET ADDRESS 2290 ARROWHEAD AVE.  
CITY-ST-ZIP MIDDLEBURG FL 32068

TITLE VD  
NAME ROWE, WILBUR A ☐ Delete  
STREET ADDRESS 2290 ARROWHEAD AVE.  
CITY-ST-ZIP MIDDLEBURG FL 32068

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4043 Edgeland Tra:l  
CITY-ST-ZIP Middleburg FL 32068

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4043 Edgeland Tra:l  
CITY-ST-ZIP Middleburg FL 32068

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

*Karen M. Lowe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-4-04 904-317-9009