

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 12, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P00000092623**

**1. Entity Name  
B & K FIBERGLASS, INC.**



**Principal Place of Business  
2640-204 BLANDING BLVD  
176  
MIDDLEBURG, FL 32068 US**

**Mailing Address  
2640-204 BLANDING BLVD  
176  
MIDDLEBURG, FL 32068 US**



**04082006 No Chg-P CR2E034 (11/05)**

**4. FEI Number  
59-3673954**

**Applied For  
Not Applicable**

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

**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, 2006 Fee will be \$550.00**

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

**000000503515  
11/26/06 00036 002-150.00**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PD</b>
<b>NAME</b>	<b>ROWE, KAREN M</b>
<b>STREET ADDRESS</b>	<b>2640-204 BLANDING BLVD, 176</b>
<b>CITY-ST-ZIP</b>	<b>MIDDLEBURG, FL 32068</b>
<b>TITLE</b>	<b>VD</b>
<b>NAME</b>	<b>ROWE, WILBUR A</b>
<b>STREET ADDRESS</b>	<b>2640-204 BLANDING BLVD, 176</b>
<b>CITY-ST-ZIP</b>	<b>MIDDLEBURG, FL 32068</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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 changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**4-10-06**