


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 20, 2006 8:00 am**  
**Secretary of State**

05-22-2006 90044 001 \*\*\*150.00

<b>DOCUMENT # P01000118246</b> 1. Entity Name <b>B.B. PLATE GLASS AND MIRROR, INC.</b>					
Principal Place of Business <b>12171 CLOVER DR FORT MYERS, FL 33905</b>			Mailing Address <b>12171 CLOVER DR FORT MYERS, FL 33905</b>		
2. Principal Place of Business <b>511 WESTGATE Blvd.</b> Suite, Apt. #, etc. <b>111</b>		3. Mailing Address Suite, Apt. #, etc.  City & State <b>LEHIGH ACRES FLA.</b>			
City & State <b>LEHIGH ACRES FLA.</b>		City & State  		4. FEI Number <b>03-0382174</b>	
Zip <b>33971</b>		Country <b>LEE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BADGLEY, ROBERT E JR. 12171 CLOVER DR FT MYERS, FL 33905</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: <u><i>Robert E. Badgley</i></u> <span style="float: right;">5/18/06</span> <small>Signature, typed or printed name of registered agent, and date if applicable. (307F, Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$580.00 Due by September 8, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <b>BADGLEY, ROBERT E JR 12171 CLOVER DR FORT MYERS, FL 33905</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <b>BADGLEY, MARGARETT D 12171 CLOVER DR FORT MYERS, FL 33905</b> <input type="checkbox"/> Delete		I have made the address changes to our physical address however this was returned again. I have placed in NEW Envelope. (checked your address which was correct and re-sent again. I hope this makes it this time.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Addition		
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: <u><i>Margaret D. Badgley</i></u> <span style="float: right;">5/18/06 239-803-3373</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR</small>					