

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000003075</b>		
<b>1. Entity Name</b> LAKELAND CITY GLASS COMPANY, INC.		
<b>Principal Place of Business</b> 606 N INGRAHAM AVE LAKELAND, FL 33801	<b>Mailing Address</b> 606 N INGRAHAM AVE LAKELAND, FL 33801	  03182005    No Chg-P    CR2E034 (10/03)
<b>DO NOT WRITE IN THIS SPACE</b>		
<b>4. FEI Number</b> 01-0553437		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>6. Name and Address of Current Registered Agent</b>		
MERRILL, JON J 606 N INGRAHAM AVE LAKELAND, FL 33801		<b>DO NOT WRITE IN THIS SPACE</b>
<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>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> <span style="float: right;"><small>(NOTE: Registered Agent signature required when reinstating)</small></span> <b>DATE</b> _____		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		
<b>TITLE</b>	D	<div>U00000312034</div> <div>04/18/05-80068-010 150.00</div> <b>DO NOT WRITE IN THIS SPACE</b>
<b>NAME</b>	MERRILL, JON J	
<b>STREET ADDRESS</b>	606 N INGRAHAM AVE	
<b>CITY - ST - ZIP</b>	LAKELAND, FL 33801	
<b>TITLE</b>	D	
<b>NAME</b>	MERRILL, LINDA K	
<b>STREET ADDRESS</b>	606 N INGRAHAM AVE	
<b>CITY - ST - ZIP</b>	LAKELAND, FL 33801	
<b>TITLE</b>	AVP	
<b>NAME</b>	FALCONE, KRISTOPHER	
<b>STREET ADDRESS</b>	5115 SOCRUM LOOP RD.	
<b>CITY - ST - ZIP</b>	LAKELAND, FL 33801	
<b>TITLE</b>		
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		
<b>NAME</b>		
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<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>  <b>Jon J. Merrill</b> <span style="float: right;">3-21-05 83-683-2808</span>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;"><small>Date</small> <small>Daytime Phone #</small></span>		