2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State 01-29-2008 90025 031 ***150.00 DOCUMENT # P03000119093 1. Entity Name IKE'S WINDOW TINTING & DETAILING, INC 400-Principal Place of Business Mailing Address 1014 N BRUNNELL PARKWAY 1014 N BRUNNELL PARKWAY LAKELAND, FL 33805-410 US LAKELAND, FL 33805 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 32152Gårdner Oaks Lane 3215 Gardner Oaks Lane Suite, Apt. #, etc. Suite, Apt. #, etc. 01232008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Lakeland FL Lakeland FL 20-0325056 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33810 33810 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHNSON, ISAIAH Street Address (P.O. Box Number is Not Acceptable) 3215 Gardner Oaks Lane 1914 N BRUNNELL PARKWAY LAKELAND, FL 33805 <u>Lakeland</u> 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. colude. SIGNATURE egistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PRES** XX Change TITLE ☐ Delete TITLE NAME JOHNSON, ISAIAH NAME 3215 Gardner Oaks Lane STREET ADDRESS 1013 N BRUNNELL PARKWAY STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33805 CITY-ST-ZIP 33810 Lakeland, FL ☐ Delete TITLE TITLE Change ☐ Addition JOHNSON, BEVERLY NAME NAME STREET ADDRESS 1013 N BRUNNELL: PARKWAY STREET ADDRESS 3215 Gardner Oaks Lane CITY-ST-7IP LAKELAND, FL 33805 CITY_ST_ZIP Lakeland, FL 33810 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CfTY-ST-7IP ☐ Detete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: 40010-1

FILED Jan 29, 2008 8:00 am

Daytime Phone #