


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90970 019 ***150.00

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| DOCUMENT # P04000053006 |  |
| 1. Entity Name BENNETT GLASS OF PUTNAM CO, INC. | |

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| Principal Place of Business 1321 ST JOHNS AVE PALATKA, FL 32177 | Mailing Address 1321 ST JOHNS AVE PALATKA, FL 32177 |
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| 2. Principal Place of Business 1321 St. Johns Ave. | 3. Mailing Address Suite, Apt. #, etc. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State Palatka, FL | City & State Same |
| Zip 32177 | Country Putnam |

40076232



04062005 Chg-P CR2E034 (10/03)

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| 4. FEI Number 86-111041 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent LOWE, KIMBERLY 1321 ST JOHNS AVE PALATKA, FL 32177 | |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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| 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>Kim Lowe, Kim Lowe President</u> | DATE: <u>4/29/05</u> |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LOWE, KIMBERLY 1321 ST JOHNS AVE PALATKA, FL 32177 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BENNETT, CARL 1321 ST JOHNS AVE PALATKA, FL 32177 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 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: <u>Kim Lowe, Kim Lowe President</u> | DATE: <u>4/29/05</u> (386) 325-2444 |