2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000069226

1. Entity Name
CUSTOM GLASS OF TALLAHASSEE, INC.

FILED
05 APR 13 AM 7:56
[illegible]
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1540 CAPITAL CIRCLE S.W. [illegible]NIT C [illegible]AHASSEE, FL 32310	1540 CAPITAL CIRCLE S.W. UNIT C TALLAHASSEE, FL 32310

03252005 Chg-P CR2E034 (10/03)

[illegible]ipal Place of Business		3. Mailing Address	
S[illegible]te, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 20-1071350 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JINKS, SARAH E 3416 WHIPPORWILL DRIVE TALLAHASSEE, FL 32310	Name: H. B. Stivers, Law Offices of Levine & Stivers Street Address (P.O. Box Number is Not Acceptable): 245 East Virginia Street City: Tallahassee FL Zip Code: 32301

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: HB Stivers — 4-11-05
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JINKS, LOUIS LESLEY 1540 CAPITAL CIRCLE S.W., UNIT C TALLAHASSEE, FL 32310 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/S/T Thomas, Charlotte E. 1540 Capitol Cir., SW, Unit C ~~Tallahassee, FL 32300~~ ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST THOMAS, CHARLOTTE E 614 GABRIEL STREET PANAMA CITY, FL 32405 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	General Manager Jinks, Louis Lesley 1540 Capitol Cir.,SW, Unit C Tallahassee, FL 32310 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Charlotte E. Thomas — 4-11-05 — 850-575-8820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Charlotte E. Thomas