

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90431 003 \*\*\*150.00

**DOCUMENT # P04000091404**

**1. Entity Name**  
**CUSTOM GLASS TINTING OF PANAMA CITY, INC.**



**Principal Place of Business**  
**1015 SOUTH TYNDALL PARKWAY**  
**PANAMA CITY, FL 32404**

**Mailing Address**  
**1015 SOUTH TYNDALL PARKWAY**  
**PANAMA CITY, FL 32404**

**50018374**



**DO NOT WRITE IN THIS SPACE**

03222006 No Chg-P CR2E034 (11/05)

**4. FEI Number**  
**20-1220045**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**BUTLER, CLIFFORD E**  
**1015 SOUTH TYNDALL PARKWAY**  
**PANAMA CITY, FL 32404**

**DO NOT WRITE  
IN THIS SPACE**

**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**

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, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>
<b>NAME</b>	<b>BUTLER, CLIFFORD E</b>
<b>STREET ADDRESS</b>	<b>1015 SOUTH TYNDALL PARKWAY</b>
<b>CITY-ST-ZIP</b>	<b>PANAMA CITY, FL 32404</b>
<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>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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**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:**

*CHS/AT*

*4-28-06*