2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 8:00 am

DOCUMENT # P04000091404 1. Ertity Name CUSTOM GLASS TINTING OF PANAMA CITY, INC.					Secretary of State 05-01-2008 90204 007 ***150.00			
Principal Place of Business Mailing Address					1 7			
1015 SOUTH TYNDALL PARKWAY PANAMA CITY, FL 32404		1015 SOUTH TYNDALL PARKWAY Panama City, FL 32404						
Principal Place of Business - No P.O. Box # 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
Julie, Apr. W. Git.		Suite, Apr. #, etc.		01042008	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Numb 20-122			pplied For ot Applicable	
Zip	Country	Zip	Zip Country		5. Certificate	of Status Desired	\$8.75 Ad	
	6. Name and Address of Current	Registered Agent	• •		7. Name and	Address of New I	Registered Agent	_ =
BUTLER, CLIFFORD E				Name				
1015 SOUTH TYNDALL PARKWAY PANAMA CITY, FL 32404				Street Address (P.O. Box Number is Not Acceptable)				
			City		, ,	FL Zp Cod	le	
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 of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when recreating) DATE								
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.								
10.	OFFICERS AND		11.		ADDITIONS	CHANGES TO OF	FICERS AND DIRECTOR	S IN 11
TITLE NAME	P BUTLER, CLIFFORD E	Delete	TITLI	i i			Change	☐ Addition
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP	PANAMA CITY, FL 32404			-ST-ZIP				
TITLE	V	☑ Delete	mu				☐ Change	Addition
NAME	MORGAN, WILLIAM		NAM	•				
STREET ADDRESS City-St-Zip	318 HILAND DRIVE PANAMA CITY, FL 32404			ET ADDRESS -ST-ZEP				
TITLE		☐ Delete	ווונ		·		☐ Change	Addition
NAME			NAM					
STREET ADDRESS			STRE	ET ADORESS				
CITY-ST-ZIP			_	-\$T-ZDP				
TITLE NAME		☐ Oelete	TITLE				Change	☐ Addition
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CITY-ST-ZIP			•	-ST-ZDP				
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CITY-ST-ZIP				et adoress -st-zip				
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NAME		L. Judge	NAME	I			☐ Change	Addition
STREET ADDRESS				ET ADORESS				
CITY-ST-ZIP				-ST-ZIP				
ia. Inereby (certify that the information supplied with	ins thing does not qualify t	or the exe	imptions contained	in Chapter 119), Florida Statutes. I	further certify that the is	nformation

Thereby 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 cath; 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.

Clifford E Butler, President

GNATURE:

BROWNING AND TYPED OR PROVIDED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Description 129. Formits Statutes. I further certify that the information chapter 119. Florida Statutes. I further certify that the information indicates in the information contained in Chapter 119. Florida Statutes. I further certify that the information indicates in the information indicates. I further certify that the information indicates in the information indicates. I further certify that the information indicates in the information indicates. I further certify that the information indicates in the information indicates. I further certify that the information indicates indicates indicates indicates. I further certify that the information indicates indicat

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