

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000167348

1. Entity Name  
B. & C. WINDOWS AND GLASS, INC.



**FILED  
May 03, 2005 8:00 am  
Secretary of State**

05-03-2005 90149 031 \*\*\*150.00

Principal Place of Business  
9380 103RD STREET LOT 98  
JACKSONVILLE, FL 32210

Mailing Address  
9380 103RD STREET LOT 98  
JACKSONVILLE, FL 32210

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

04272005      Chg-P      CR2E034 (10/03)

4. FEI Number  
56-2491645

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MARTIN, JOHNL K  
1315-1 LANE AVE SOUTH  
JACKSONVILLE, FL 32205

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL      Zip Code

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE      PD  
NAME      GAINES, BRUCE I  
STREET ADDRESS      9380 103RD STREET LOT 98  
CITY-ST-ZIP      JACKSONVILLE, FL 32210

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change       Addition

TITLE      DS  
NAME      LAMB, CYNTHIA D  
STREET ADDRESS      9380 103RD STREET LOT 98  
CITY-ST-ZIP      JACKSONVILLE, FL 32210

Delete

TITLE       Delete  
NAME       Delete  
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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: *Bruce I. Gaines*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUCE I GAINES 4-272005

(864) 304-0232

Date

Daytime Phone #