

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-01-2006 90316 037 \*\*\*150.00

**DOCUMENT # P04000167348**

1. Entity Name

**B. & C. WINDOWS AND GLASS, INC.**



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

Country

Zip

Country

4. FEI Number

**56-2491645**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTIN, JOHNE L 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, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

TITLE VD ☒ Delete  
NAME LAMB, KENNY T  
STREET ADDRESS 9380 103RD STREET LOT 98  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VD ☒ Change ☐ Addition  
NAME LAMB, CYNTHIA D  
STREET ADDRESS 9380 103rd St Lot 98  
CITY-ST-ZIP Jacksonville FL 32210

TITLE DS ☐ Change ☒ Addition  
NAME GAINES BRUCE I. JR.  
STREET ADDRESS 9380 103rd St Lot 63  
CITY-ST-ZIP Jacksonville FL 32210

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Bruce Gaines*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904 652 8854 4/6/06  
Date Daytime Phone #