

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90038 011 ***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 - No P.O. Box #

250 Destin Dr
Suite, Apt. #, etc.

3. Mailing Address

250 Destin Dr
Suite, Apt. #, etc.

City & State

Mary Esther FL

City & State

Mary Esther FL

Zip

32569

Country

Zip

32569

Country

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, JOHNE K
1315-1 LANE AVE SOUTH
JACKSONVILLE FL 32205**

7. Name and Address of New Registered Agent

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, 2007 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	VD	<input type="checkbox"/> Delete
NAME	LAMB, CYNTHIA D	
STREET ADDRESS	9380 103RD STREET LOT 98	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	LAMB, CYNTHIA D	
STREET ADDRESS	9380 103RD STREET LOT 98	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	GAINES, BRUCE I JR	
STREET ADDRESS	9380 103RD ST LOT 63	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUCE GAINES I. SR.	
STREET ADDRESS	250 Destin Dr	
CITY-ST-ZIP	Mary Esther FL 32569	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMB, CYNTHIA D.	
STREET ADDRESS	250 Destin Dr	
CITY-ST-ZIP	Mary Esther FL 32569	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 I. Gaines Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904 652 8854