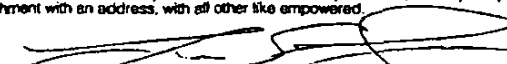


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

04-21-2006 90098 003 ***150.00

DOCUMENT # P05000008554					
1. Entity Name STRAWBRIDGE GLASS AND DOOR, INC.					
Principal Place of Business 303 DORIS DRIVE LAKELAND, FL 33813 US			Mailing Address 303 DORIS DRIVE LAKELAND, FL 33813 US		
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 20-2200265	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STRAWBRIDGE, WILLIAM L 303 DORIS DRIVE LAKELAND, FL 33813			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3631 Reynolds Rd City Lakeland FL Zip Code 33803		
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 				DATE 4-12-06	
FILE NOW!!! FEE IS \$150.00 After May 4, 2006 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	STRAWBRIDGE, WILLIAM L		NAME		
STREET ADDRESS	303 DORIS DRIVE		STREET ADDRESS		
CITY - ST - ZIP	LAKELAND, FL 33813		CITY - ST - ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	STRAWBRIDGE, WILLIAM L		NAME		
STREET ADDRESS	303 DORIS DRIVE		STREET ADDRESS		
CITY - ST - ZIP	LAKELAND, FL 33813		CITY - ST - ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	STRAWBRIDGE, WILLIAM L		NAME		
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CITY - ST - ZIP	LAKELAND, FL 33813		CITY - ST - ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	STRAWBRIDGE, WILLIAM L		NAME		
STREET ADDRESS	303 DORIS DRIVE		STREET ADDRESS		
CITY - ST - ZIP	LAKELAND, FL 33813		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: 				Date 4-12-06 Daytime Phone # 83-606-0427	