

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 23, 2008 8:00 am**  
**Secretary of State**

06-23-2008 90003 021 \*\*\*150.00

40108928



03092008 Chg-P CR2E034 (12/06)

4. FFL Number **26-0335344** Added Fee  
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DOCUMENT # P07000068041**

1. Entity Name  
**BON-WILL CUSTOM GLASS, INC.**



Principal Place of Business  
**1944 NE 23RD AVENUE  
GAINESVILLE, FL 32609**

Mailing Address  
**1944 NE 23RD AVENUE  
GAINESVILLE, FL 32609**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

6. Name and Address of Current Registered Agent  
**SMITH, BONNIE  
1944 NE 23RD AVENUE  
GAINESVILLE, FL 32609**

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 and hereby certifies and attests the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when name is not)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

**DP  
WILLARD J. SMITH  
1944 NE 23RD AV.  
GAINESVILLE FL 32609**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, and 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. 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 the document being changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

40108928  
ATTACHMENT

PO7000068041

6/19/2008

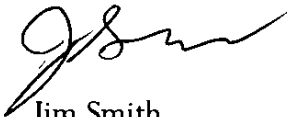
Jim Smith ,  
Bon-Wil Custom Glass Inc  
1944 NE 23<sup>rd</sup> Avenue  
Gainesville, Fl 32609

Florida Dept of State  
Tallahassee FL 32301

**Dear Madam or Sir;**

Hello. My bookkeeper, Gator Payroll Services reconciles my bank statement each month, and noticed the check written for Dept of State for annual license had not cleared the bank. I am enclosing a SECOND check for the \$150.00 and requesting to reinstate my license. I also enclosed a signed copy of the form filed. Please call Gator Payroll Services at 352-372-3822, if you have any questions. Thank you.

Sincerely,



Jim Smith ,  
President  
1944 NE 23rd Avenue