

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000026365

FILED
Apr 22, 2009
Secretary of State

Entity Name: LEE & CATES NORTHSIDE GLASS, INC.

Current Principal Place of Business:

142 MADISON ST
JACKSONVILLE, FL 32204

New Principal Place of Business:

5355 SHAWLAND ROAD
JACKSONVILLE, FL 32254

Current Mailing Address:

P O BOX 41146
JACKSONVILLE, FL 32203

New Mailing Address:

FEI Number: 59-3309555 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE, THOMAS D
142 MADISON ST.
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

LEE, THOMAS D
5355 SHAWLAND ROAD
JACKSONVILLE, FL 32254 US

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.

SIGNATURE: _____

04/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: LEE, THOMAS D JR
Address: 142 MADISON ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: VPD () Delete
Name: PADGETT, RICK Z
Address: 142 MADISON ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: PD () Delete
Name: LEE, THOMAS D III
Address: 142 MADISON ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: STD () Delete
Name: PADGETT, MAUDE M
Address: 142 MADISON ST
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: LEE, THOMAS D JR
Address: 5355 SHAWLAND ROAD
City-St-Zip: JACKSONVILLE, FL 32254

Title: VPD (X) Change () Addition
Name: PADGETT, RICK Z
Address: 5355 SHAWLAND ROAD
City-St-Zip: JACKSONVILLE, FL 32254

Title: PD (X) Change () Addition
Name: LEE, THOMAS D III
Address: 5355 SHAWLAND ROAD
City-St-Zip: JACKSONVILLE, FL 32254

Title: STD (X) Change () Addition
Name: PADGETT, MAUDE M
Address: 5355 SHAWLAND ROAD
City-St-Zip: JACKSONVILLE, FL 32254

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS D LEE III

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date