2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000026385

Entity Name: LEE & CATES MANDARIN GLASS, INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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142 MADISON ST 5355 SHAWLAND ROAD

JACKSONVILLE, FL 32204 JACKSONVILLE, FL 32254 US

Current Mailing Address: New Mailing Address:

P O BOX 41146 P O BOX 41146

JACKSONVILLE, FL 32203 JACKSONVILLE, FL 32203 US

FEI Number: 59-3309576 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEE, THOMAS D III

142 MADISON ST.

JACKSONVILLE, FL 32204 US

LEE, THOMAS D III

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: 04/28/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD () Delete Title: CD (X) Change () Addition

 Name:
 LEE, THOMAS D JR
 Name:
 LEE, THOMAS D JR

 Address:
 142 MADISON ST
 Address:
 5355 SHAWLAND ROAD

 City-St-Zip:
 JACKSONVILLE, FL 32204
 City-St-Zip:
 JACKSONVILLE, FL 32254 US

Title: VPD () Delete Title: VPD (X) Change () Addition

 Name:
 PADGETT, RICK Z
 Name:
 PADGETT, RICK Z

 Address:
 142 MADISON ST
 Address:
 5355 SHAWLAND ROAD

 City-St-Zip:
 JACKSONVILLE, FL 32204
 City-St-Zip:
 JACKSONVILLE, FL 32254 US

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 LEE, THOMAS D III
 Name:
 LEE, THOMAS D III

 Address:
 142 MADISON ST
 Address:
 5355 SHAWLAND ROAD

 City-St-Zip:
 JACKSONVILLE, FL 32204
 City-St-Zip:
 JACKSONVILLE, FL 32254 US

Title: STD () Delete Title: STD (X) Change () Addition

 Name:
 PADGETT, MARY M
 Name:
 PADGETT, MARY M

 Address:
 142 MADISON ST
 Address:
 5355 SHAWLAND ROAD

 City-St-Zip:
 JACKSONVILLE, FL 32204
 City-St-Zip:
 JACKSONVILLE, FL 32254 US

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 04/28/2009