2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State
04-27-2005 90324 010 ***150.00

DOCUMENT # **P96000079737**

1. Entity Name

JOE BROWDER CONSOLIDATED FIBERGLASS, INC.

Principal Place of Business	Mailing Address
6025 CR 640 MULBERRY FL 33860	P.O. BOX 1334 BARTOW FL 33831-1334

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
6925 Hwy 60 West	PO Box 1848
Suite, Apt. #, etc. Unit C	Suite, Apt. #, etc.
City & State Mulberry, Fl.	City & State Russell Springs, Ky
Zip 33860 / Country Polk	Zip 42642 / Country Russell

4. FEI Number 59-3401337 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROWDER, SHIRLEY A 4425 MEADOW RIDGE AVE. MULBERRY FL 33860	Name Charles Browder Street Address (P.O. Box Number is Not Acceptable) 4425 Meadow Ridge Ave City Mulberry FL Zip Code 33860

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] Charles L. Browder 4-19-05
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, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BROWDER, CHARLES L		NAME	
STREET ADDRESS	4425 MEADOW RIDGE AVE.		STREET ADDRESS	
CITY-ST-ZIP	MULBERRY FL 33860		CITY-ST-ZIP	
TITLE	ST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BROWDER, SHIRLEY A		NAME	
STREET ADDRESS	4425 MEADOW RIDGE AVE.		STREET ADDRESS	
CITY-ST-ZIP	MULBERRY FL 33860		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	
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 exemption stated in Section 119.07(3)(i), 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: Shirley A Browder Shirley A. Browder 4-19-05 863-425-2441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #