

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000100090		
1. Entity Name LAKE CITY GLASS, INC.		

Principal Place of Business 1787 US HWY. 441 N LAKE CITY, FL 32055	Mailing Address P.O. BOX 114 LAKE CITY, FL 32056
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01182006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3616990	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WATSON, TODD ESQ 7785 BAYMEADOWS WAY STE 107 JACKSONVILLE, FL 32257
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IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when reappointing DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULLARD, CARL W SR P.O. BOX 114 LAKE CITY, FL 32056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BULLARD, CARL W JR P.O. BOX 114 LAKE CITY, FL 32056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BULLARD, DWAYNE P.O. BOX 114 LAKE CITY, FL 32056
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IN THIS SPACE**

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 the employed

SIGNATURE: Carl Bullard, SR 1/18/06 (386) 752-1204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone