


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 374319</b> 1. Entity Name BROOKS GLASS CO.	
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Principal Place of Business 2615 S HARBOUR CITY BLVD MELBOURNE, FL 32901	Mailing Address 2615 S HARBOUR CITY BLVD MELBOURNE, FL 32901
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**DO NOT WRITE IN THIS SPACE**



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1352940	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  GATES, STEPHEN D 6800 WHISPERING PINES LANE Y GRANT, FL 32949
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**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-issuing) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO GATES, STEPHEN D 6800 WHISPERING PINES LANE GRANT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HARRINGTON, HOWARD J 515 FOOTMAN'S LANDING MERRITT ISLAND, FL
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01/12/04-80028-020 150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 officer-like empowered.

SIGNATURE: *Howard J. Harrington* Date: *1/8/04* Office Phone: *321/423-0821*