2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000076133

Entity Name

FIBERGLASS SHOP OF STUART, INC.



FILED
May 07, 2007 08:00 AM
Secretary of State

Principal Place of Business

LUCKEY, JOHN

STE A

4045 NW 43RD ST

3355 SE DIXIE HWY STUART, FL 34997 US Mailing Address

C/O JOHN LUCKEY 4045 NW 43RD ST., STE. A GAINESVILLE, FL 32606



CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

4. FEI Number	Applied For	
20-0083591		Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required

No Chg-P

04252007

DO NOT WRITE IN THIS SPACE

GAINESVILLE, FL 32606		IN THIS SPACE			
	named entity submits this statement for the plons of registered agent.	urpose of changing its registered	d office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registered	Agent signatu	re required when reinstaling)	DATE
	E NOW!!! FEE 1\$ \$150.00 ay 1, 2007 Fee will be \$550.00	Efection Campaign Financ Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'DONNELL, BRIAN 3355 SE DIXIE HWY STUART, FL 34997				U00000763827
TITLE NAME STREET ADDRESS CITY-ST-ZIP					05/30/07-80030-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			i	IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
THILE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated	certify that the information supplied with this fi on this report or supplemental report is true a	ling does not qualify for the exer and accurate and that my signatu	mptions co ire shall ha	ontained in Chapter 11: ave the same legal effe	Florida Statutes. I further certify that the information of as if made under oath, that I am an officer or director.

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, and that made under oath, that I am an officer or director of the corporation or the receiver of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

c 5-4-7

Daytime Phone #