


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90103 010 \*\*\*150.00

**DOCUMENT # P03000140319**

1. Entity Name  
**GLASS ELECTRIC, INC.**



Principal Place of Business      Mailing Address  
**6164 ALLENTOWN RD**      **6164 ALLENTOWN RD**  
**MILTON, FL 32570**      **MILTON, FL 32570**

34001591



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

01212004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**02-0712874**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GLASS, DANNY G**  
**6164 ALLENTOWN RD**  
**MILTON, FL 32570**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O., Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

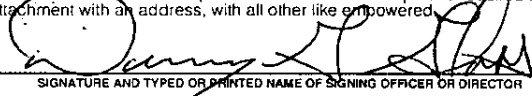
**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GLASS, DANNY G</b> <b>6164 ALLENTOWN RD</b> <b>MILTON, FL 32570</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VO</b> <b>BATEMAN, DNNY</b> <b>6164 ALLENTOWN RD</b> <b>MILTON, FL 32570</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BATEMAN, BRIAN</b> <b>6164 ALLENTOWN RD</b> <b>MILTON, FL 32570</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**       **1-26-04 (850)983-9876**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

*Attachment*

Due to changes in State law, corporations will no longer be receiving a paper form to file the required Uniform Business Report with the Division of Corporations.

It is the opinion of this firm that the lack of forms may cause some taxpayers to fail to file this return timely. ~~This failure will lead to significant penalties incurred by the taxpayers.~~ As such, we have elected to prepare this form for all of our corporate clients.

# PO 3000140319  
540015911

If you have already remitted your \$150.00 to the Florida Department of State, please disregard and destroy the attached form. If you have not filed and paid, or are unsure please send a check for \$150.00 with the attached form. Any overpayments with duplicate filings will be refunded by the State.