

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000158358

1. Entity Name
BENNETT'S GLASS CO., INC.



FILED

04 OCT -6 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**831 GOLDKIST BLVD.
LIVE OAK, FL 32064**

Mailing Address
**831 GOLDKIST BLVD.
LIVE OAK, FL 32064**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

09132004 Chg-P CR2E034 (10/03)

4. FEI Number
58-2679541

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**BENNETT, DANIEL
831 GOLDKIST BLVD.
LIVE OAK, FL 32064**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD BENNETT, DANIEL 831 GOLDKIST BLVD. LIVE OAK, FL 32064 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100041635971 10/06/04--01016--011 **550.00
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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)(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: Daniel W. Bennett Daniel W. Bennett 10-104 386-362-2295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #