

**FILED**  
**Aug 16, 2007 8:00 am**  
**Secretary of State**

07-11-2007 90074 028 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # P06000074538**

1. Entity Name  
**ACO'S GLASS & DOOR REPAIR INC**



Principal Place of Business      Mailing Address  
**7077 HIGH CORNER ROAD**      **7077 HIGH CORNER ROAD**  
**BROOKSVILLE, FL 34602 US**      **BROOKSVILLE, FL 34602 US**


2. Principal Place of Business - No P.O. Box #      3. Mailing Address

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

City & State      City & State

Zip      Country      Zip      Country

**66020958**



07032007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**204948499**      Not Applicable

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

6. Name and Address of Current Registered Agent

**ACOCELLA, PASQUALE**  
**7077 HIGH CORNER RD**  
**BROOKSVILLE, FL 34602**

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 reappointing)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ACOCELLA, PASQUALE</b> <b>7077 HIGH CORNER RD</b> <b>BROOKSVILLE, FL 34602</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.

SIGNATURE: *Pasquale Acocella*      **PASQUALE ACOCELLA**      Date: **7/4/07**      **1-352-232-1887**

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