

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000134253

FILED
Jun 01, 2009
Secretary of State

Entity Name: AMERICAN GLASS WORKS INC

Current Principal Place of Business:

2599 N. ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34744 US

New Principal Place of Business:

420 CONNECTICUT AVE
SAINT CLOUD, FL 34769 US

Current Mailing Address:

2599 N. ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34744 US

New Mailing Address:

P.O. BOX 701433
SAINT CLOUD, FL 34770 US

FEI Number: 20-5779231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NARBONNE, BRIAN
2998 SUN POINTE COURT
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

NARBONNE, BRIAN
420 CONNECTICUT AVE
SAINT CLOUD, FL 34769 US

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.

SIGNATURE: BRIAN NARBONNE

06/01/2009

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NARBONNE, BRIAN
Address: 2998 SUN POINTE COURT
City-St-Zip: KISSIMMEE, FL 34741 US

Title: V (X) Delete
Name: MILLER, JANET
Address: 2599 N. ORANGE BLOSSOM TRAIL
City-St-Zip: KISSIMMEE, FL 34744 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NARBONNE, BRIAN
Address: 420 CONNECTICUT AVE
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN NARBONNE

PRES

06/01/2009

Electronic Signature of Signing Officer or Director

Date