


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90005 001 ***150.00

DOCUMENT # P93000053075

1. Entity Name
TROY GLASS & METAL, INC.



Principal Place of Business Mailing Address
3714 PAIGE ST **3714 PAIGE ST**
PORT ORANGE, FL 32119 **PORT ORANGE, FL 32119**

2. Principal Place of Business 3. Mailing Address
1290 COUNTRY RD **1290 COUNTRY RD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



01082004 Chg-P CR2E034 (10/03)

City & State City & State
DAYTONA BEACH FL **DAYTONA BEACH FL**
 Zip Country Zip Country
32129 **U.S.A.** **32129** **U.S.A.**

4. FEI Number Applied For
59-3199017 Not Applicable

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

6. Name and Address of Current Registered Agent
SHARPTON, TROY D
3714 PAIGE ST
PORT ORANGE, FL 32119

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: Troy Sharpton **TROY SHARPTON** **PRESIDENT** **1-8-04**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	D	<input type="checkbox"/> Delete
NAME	SHARPTON, TROY D	
STREET ADDRESS	3714 PAIGE ST	
CITY-ST-ZIP	PORT ORANGE, FL 32119	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHARPTON, FRANK R	
STREET ADDRESS	1290 COUNTRY RD	
CITY-ST-ZIP	S DAYTONA, FL 32119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: Troy Sharpton **1-8-04** **386-767-6138**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #