

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 17, 2006 08:00 AM  
Secretary of State

DOCUMENT # K85569

1. Entity Name

THE GLASS PROFESSIONALS, INC.



Principal Place of Business

3570 SE DIXIE HIGHWAY  
STUART, FL 34997-5245 US

Mailing Address

3570 SE DIXIE HIGHWAY  
STUART, FL 34997-5245 US



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0124751  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAPRADE, DAVID A.  
2481 SE WOOD AVE  
PT ST LUCIE, FL 34952

DO NOT WRITE  
IN THIS SPACE

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 \$150.00  
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LAPRADE, DAVID A.
STREET ADDRESS	2481 SE WOOD AVE
CITY-ST-ZIP	PT ST LUCIE, FL
TITLE	DVT
NAME	LAPRADE, WILLIAM K.
STREET ADDRESS	5332 SW LANDING CREEK DR.
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000389313  
01/20/06-80040-012 150.00

DO NOT WRITE  
IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/06 772 286 0459

Date

Daytime Phone #