


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 504809 1. Entity Name THE GLASS HOUSE SALES AND SERVICE COMPANY, INC.	
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Principal Place of Business 3922 AIRWAY CIRCLE CLEARWATER, FL 33762	Mailing Address 3922 AIRWAY CIRCLE CLEARWATER, FL 33762 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WHITLOW, ROBERT C 3922 AIRWAY CIRCLE CLEARWATER, FL 33762
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03012007 No Chg-P CR2E034 (11/05)	
4. FEI Number 59-1677408	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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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 reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000655632 03/13/07-80114-007 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WHITLOW, ROBERT C. 12509 LARGO FL,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JANIS A. WHITLOW 12509 ULMERTON RD LARGO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V EGGER, JEFFREY 12509 LARGO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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:  **3-1-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #