

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # P03000140250

1. Entity Name

ADVANTAGE GLASSWORKS INC.



Principal Place of Business

9289 SUNSET DRIVE
NAVARRE, FL 32566

Mailing Address

9289 SUNSET DRIVE
NAVARRE, FL 32566



02252008 No Chg-P CR2E034 (11/05)

4. FEI Number

20-0435834

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NORRIS, EYDIE S
9289 SUNSET DRIVE
NAVARRE, FL 32566

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000855013
03/27/08-80031-015 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NORRIS, JAMES B
STREET ADDRESS 9289 SUNSET DRIVE
CITY-ST-ZIP NAVARRE, FL 32566

TITLE VT
NAME NORRIS, EYDIE S
STREET ADDRESS 9289 SUNSET DRIVE
CITY-ST-ZIP NAVARRE, FL 32566

TITLE S
NAME PURVIS, JEROME G
STREET ADDRESS 9289 SUNSET DRIVE
CITY-ST-ZIP NAVARRE, FL 32566

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: X Eydie Norris / Eydie Norris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/08

Date

850-936-4030

Daytime Phone #