2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 214820

FILED Feb 11, 2005 Secretary of State

Entity Name: GLASS DISTRIBUTORS, INC.

Current Principal Place of Business:				New Principal Place of Business:	
800 HOUS P.O. BOX IACKSON		203			
Current Mailing Address:				New Mailing Address:	
O BOX 4 IACKSON	11146 VILLE, FL 32:	203			
El Number	: 59-0838556	FEI Number App	lied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	Address of (Current Register	ed Agent:	Name and Address	s of New Registered Agent:
EE, THO	MAS D III				
	SON ST. VILLE, FL 32:	204 US			
ACKSON The above	SON ST. VILLE, FL 32:		ment for the p	purpose of changing its registe	ered office or registered agent, or both,
ACKSON The above the State	SON ST. VILLE, FL 32: named entity e of Florida.		ment for the p	purpose of changing its registe	ered office or registered agent, or both,
ACKSON The above	SON ST. VILLE, FL 32: named entity of Florida. RE:				ered office or registered agent, or both, Date
ACKSON The above The State	ON ST. VILLE, FL 32: named entity of Florida. RE: Electro	submits this state	egistered Age		
ACKSON The above the State SIGNATUR Election Car	ON ST. VILLE, FL 32: named entity of Florida. RE: Electro	submits this state nic Signature of R g Trust Fund Contri	egistered Age	ent	
ACKSON The above The State SIGNATUF Jection Car DFFICERS title: ame: ddress:	named entity of Florida. RE: Electrol mpaign Financin	submits this state nic Signature of R g Trust Fund Contri ETORS:) Delete D III ST.	egistered Age	ent	Date
ACKSON The above the State GIGNATUR Clection Car	named entity of Florida. RE: Electron mpaign Financin S AND DIREC PD (LEE, THOMAS 142 MADISON JACKSONVILL	submits this state nic Signature of R g Trust Fund Contri TORS:) Delete D III ST. E, FL) Delete RY MAUDE, END OAK CT	egistered Age	ent ADDITIONS/CHAN Title: Name: Address:	Date IGES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS D LEE, III P 02/11/2005