

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 277141

1. Entity Name
FEASEL PAINT & GLASS CO



Principal Place of Business
247 N WOODLAND BLVD
DELAND, FL 32720 US

Mailing Address
247 N WOODLAND BLVD
DELAND, FL 32720 US

FILED
Jul 07, 2008 08:00 AM
Secretary of State



07032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1030744

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WOOSLEY, MICHAEL B
332 W MINNESOTA AVE
DELAND, FL 32720

**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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WOOSLEY, MICHAEL B
STREET ADDRESS	332 W MINNESOTA AVE
CITY-ST-ZIP	DELAND, FL 32720
TITLE	SD
NAME	MIKITA, JAMES C
STREET ADDRESS	2024 OLD NEW YORK AVENUE
CITY-ST-ZIP	DELAND, FL 32720
TITLE	VD
NAME	WOOSLEY, SUSAN
STREET ADDRESS	332 W MINNESOTA AVE
CITY-ST-ZIP	DELAND, FL 32720
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000953605
07/07/08-80005-012 150.00

**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

Date

Daytime Phone #