

ANNUAL REPORT (AR)

DOCUMENT # 364223

1. Entity Name

WEBER GLASS, INC.



FILED
Apr 06, 2007 08:00 AM
Secretary of State



Principal Place of Business

HIGHWAY 44 EAST
P.O. BOX 1075
CRYSTAL RIVER FL 34423
US

Mailing Address

HIGHWAY 44 EAST
P.O. BOX 1075
CRYSTAL RIVER FL 34423
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-1294269

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVID W. STEEN, P.A.
602 S. BOULEVARD
TAMPA FL 33606

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME THOMAS, JESSE III
STREET ADDRESS HWY. 44 EAST
CITY- ST- ZIP CRYSTAL RIVER FL

☐ Change ☐ Addition
NAME U000000693406
STREET ADDRESS 04/16/07-80040-005 158.75
CITY- ST- ZIP

TITLE D ☐ Delete
NAME THOMAS, JESSE III
STREET ADDRESS HWY. 44 EAST
CITY- ST- ZIP CRYSTAL RIVER FL

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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☐ Change ☐ Addition
NAME
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CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Jesse Thomas III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/07 352-795-7723
Date Daytime Phone #