

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90313 029 ***150.00

DOCUMENT # 402448

1. Entity Name

AVID GLASS SERVICE, INC



Principal Place of Business

**4420 S HOPKINS AVE.
TITUSVILLE FL 32780
US**

Mailing Address

**4420 S HOPKINS AVE.
TITUSVILLE FL 32780**

00000000



2. Principal Place of Business

1419 WAR EAGLE BLVD.

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 2763

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

TITUSVILLE, FL

City & State

TITUSVILLE FL

4. FEI Number

59-1397845

Applied For

Not Applicable

Zip

32796

Country

USA

Zip

32781-2763

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STONER, GARY
1645 THORTON AVE
TITUSVILLE FL 32780**

7. Name and Address of New Registered Agent

Name

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

1419 WAR EAGLE BLVD.

City

TITUSVILLE

FL

Zip Code

32796

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, 2006 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

TITLE PD ☐ Delete
NAME STONER, GARY
STREET ADDRESS 1645 THORTON AVE
CITY-ST-ZIP TITUSVILLE, FL 00000

TITLE S ☐ Delete
NAME STOKER, PAMELA
STREET ADDRESS 1645 THORNTON AVE
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 1419 WAR EAGLE BLVD.
CITY-ST-ZIP TITUSVILLE, FL 32796

TITLE ☐ Change ☐ Addition
NAME STONER, PAMELA
STREET ADDRESS 1419 WAR EAGLE BLVD.
CITY-ST-ZIP TITUSVILLE, FL 32796

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

46-06

321-267-1441