

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 21, 2007 08:00 A
Secretary of State

DOCUMENT # 455615

1. Entity Name
PUNTA GORDA GLASS CO.



Principal Place of Business
**22460 GLASS LANE
CHARLOTTE HARBOR, FL 33980**

Mailing Address
**22460 GLASS LANE
CHARLOTTE HARBOR, FL 33980**



05172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1573809

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**D'APRILE, SUSAN K
24673 NOVA LANE
PORT CHARLOTTE, FL 33983**

**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 14, 2007**

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	PR/D
NAME	NATKE, DAVID L
STREET ADDRESS	125 SW SINCLAIR ST.
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	VP/D
NAME	NATKE, JUDITH E
STREET ADDRESS	125 SW SINCLAIR ST
CITY-ST-ZIP	CHARLOTTE HARBOR, FL 33952
TITLE	S&D
NAME	SUSAN, D'APRILE K
STREET ADDRESS	24673 NOVA LANE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33983
TITLE	TREA
NAME	PIERCE, DENNIS
STREET ADDRESS	21245 COVINGTON AVE.
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/30/07-80062-003 150.00

**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 #