

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90501 022 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 548265
 1. Entity Name
 SOUTHERN PLATE GLASS, INC.

Principal Place of Business 3372 PHILLIPS HIGHWAY JACKSONVILLE, FL 32207	Mailing Address 3372 PHILLIPS HIGHWAY JACKSONVILLE, FL 32207
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02172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1771689	Applied For Not Applicable
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5. Certificate of Status Desired **\$6.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 LEPRELL, SAMUEL
 SUITE 1500 *St Marks Place, Ste 201*
 1301 GULF LIFE DRIVE *1930 San Marco Blvd*
 JACKSONVILLE, FL 32207

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

8. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PTD
NAME	GRIFFIS, W L
STREET ADDRESS	3372 PHILLIPS HIGHWAY
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	SD
NAME	HUDSON, JOANNE M
STREET ADDRESS	3372 PHILLIPS HIGHWAY
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: W. L. Griffis *April 21, 2004* *396 4868*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #