

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 568981	
1. Entity Name BECKOM'S GLASS, INC.	

Principal Place of Business 167 JAMES ST VENICE, FL 34292 US	Mailing Address P.O. BOX 282 LAUREL, FL 34272
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DO NOT WRITE IN THIS SPACE

02012008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1810887	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BECKOM, WILLIE J. JR. 732 HIDERBERG ST LAUREL, FL 34272	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BECKOM, BEATRICE 732 HIDERBERG ST LAUREL, FL 34272
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKOM, WILLIE J. 732 HIDERBERG ST LAUREL, FL 34272
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BECKOM, ARMON 12151 KINGBURY AVE FORT CHARLOTTE, FL 33981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BECKOM, KARL 727 CHURCH ST LAUREL, FL 34272
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/24/08-80038-009 158.75

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: Armon L. Beckom **4-11-2008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #