2008 FOR PROFIT CORPORATION ANNUAL REPORT

of the corporation or the changed, or on an attack

SIGNATURE:

FILED Jan 17, 2008 08:00 AM Secretary of State **DOCUMENT # 570097** 1. Entity Name REEVES GLASS, INC. Principal Place of Business Mailing Address 1040 NE SR 47 1040 NE SR 47 TRENTON, FL 32693 TRENTON, FL 32693 US No Cha-P CR2E034 (11/05) 01082008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0273485 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent REEVES JR, ARTHUR G P DO NOT WRITE 1040 NE SR 47 TRENTON, FL 32693 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 regis SIGNATURE Signature, typ (NOTE: Flegistered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. TITLE REEVES, MARY A. NAME STREET ADDRESS 1040 NE SR 47 CITY-ST-ZIP TRENTON, FL 32693 TITLE REEVES, ARTHUR G, JR NAME 000000787911 01/18/08-30019-004 150.00 STREET ADDRESS 1040 NE SR 47 CITY-ST-ZIP TRENTON, FL 32693 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 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 positive 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