

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 574420

1. Entity Name  
D-J GLASS ENTERPRISES, INC.



Principal Place of Business  
563 BURTON BLVD  
ROCKLEDGE, FL 32955 US

Mailing Address  
635 BREVARD AVE  
COCOA, FL 32922-7807 US

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**



04122004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-1874250

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

GLASS, GREGORY W  
88540 OVERSEAS HIGHWAY #103  
TAVERNIER, FL 33070

**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 re-registering)

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000122189  
04/21/04-80019-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GLASS, SALLY W 88540 OVERSEAS HIGHWAY #103 TAVERNIER, FL 33070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLASS, GREGORY W. 88540 OVERSEAS HIGHWAY #103 TAVERNIER, FL 33070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREGORY W. GLASS, President

Date

Daytime Phone #

4/17/04 (305)852-4389