2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 599944

Title:

Name:

Address:

City-St-Zip:

FILED Mar 18, 2005 Secretary of State

Entity Name: COMPREHENSIVE GLASS COMPANY		
Current Pr	rincipal Place of Business:	New Principal Place of Business:
•		New I Intelpart face of Business.
1975 NW 1 C	881	
POMPANO	BEACH, FL 33069 US	
Current Mailing Address:		New Mailing Address:
1975 NW 1 C	8 ST	
) BEACH, FL 33069 US	
FEI Number:	59-1934278 FEI Number Applied For ()	El Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered		Name and Address of New Registered Agent:
CARROLL, CRAIG 9178 SW 22ND ST BOCA RATON, FL 33428 US		CARROLL, THOMAS 9178 SW 22ND ST BOCA RATON, FL 33428 US
The above in the State		oose of changing its registered office or registered agent, or both,
SIGNATURE: THOMAS CARROLL		03/18/2005
	Electronic Signature of Registered Agent	Date
Election Can	npaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	D (X) Delete CARROLL, CRAIG, 9178A SW 22 ST BOCA RATON, FL	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address:	D (X) Delete CARROLL, SUSAN 9178A SW 22 ST	Title: () Change () Addition Name: Address:
City-St-Zip:	BOCA RATON, FL	City-St-Zip:
	BOCA RATON, FL VS () Delete CARROLL, THOMAS 9178A SW 22 ST BOCA RATON, FL	City-St-Zip: Title: VP,S (X) Change () Addition Name: CARROLL, THOMAS Address: 9178A SW 22 ST City-St-Zip: BOCA RATON, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: HILARY RUGGIERO PRES 03/18/2005

() Delete

RUGGIERO, JOHN

BOCA RATON, FL 33428

9159F SW 22 ST

() Change () Addition