

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90045 013 ***150.00

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1. Entity Name
STAINED GLASS OVERLAY, INC.



Principal Place of Business

**1827 N CASE ST
ORANGE, CA 92665**

Mailing Address

**% CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

50030422



2. Principal Place of Business
1827 North Case Street

3. Mailing Address

same as preprinted
Suite, Apt. #, etc.

03032005 Chg-P CR2E034 (10/03)

City & State
Orange, CA

City & State

4. FEI Number
95-3805418

Applied For
Not Applicable

Zip
92865

Country
Orange

Zip

Country

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
CLEMENTS, PAUL W
5397 EGLINTON AVE WEST, STE. 108
ETOBICOKE, ON m9c 5k6** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROGERS, STEVEN
5397 EGLINTON AVE WEST, STE. 108
ETOBICOKE, ON m9c 5k6** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CASSIDY, MICHAEL
1827 N. CASE ST
ORANGE, CA 92865** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
WOOD, THOMAS W
4360 CHAMBLEE DUNWOODY RD STE 410
ATLANTA, GA 30341** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
FRIEDRICHSEN, JOHN R
1140 BAY STREET, SUITE 400
TORONTO, ON m5s 2b4** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
COOKE, DOUGLAS G
1140 BAY STREET, SUITE 4000
TORONTO, ON m5s 2b4** ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice President
Nick Neonakis
1827 North Case Street
Orange, CA 92865** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO/President/Director
Michael A. Cassidy
1827 North Case Street
Orange, CA 92865** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

Michael Cassidy, President

Date

Daytime Phone #

3/17/05

1800944 4746