2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State 0000005602 03-22-2004 90042 011 ***150.00 1. Entity Name ROBERT SMITH GLASS, INC. Mailing Address Principal Place of Business 210 GRAND AVENUE 210 GRAND AVENUE MERIDIAN, MS 39301 MERIDIAN, MS 39301 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01052004 Applied For 4. FEI Number City & State City & State Not Applicable 64-0911151 \$8.75 00000000 Zìp Country Country 5. Certificate of Status Desired Zip 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name Robert Ellison ELLISON, ROBERT Street Address (P.O. Box Number is Not Acceptable) 4431 Amber Lake Cove 102 MARINA COVE DRIVE NICEVILLE, FL 32578 Zip Code 3 2 5 7 8 City Niceville ternent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familier with, and accept The above named entity the obligations of register 3-15-04 SIGNATURE (NOTE: Registered Agent signature required when reinstating) \$5.00 0 0000 00 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 10. ☐ Addition ☐ Change PC Delete TITLE TITLE SMITH, ROBERT NAME NAME STREET ADDRESS 8241 FAIRWAY DRIVE STREET ADDRESS CITY-ST-ZIP MERIDIAN, MS 39305 CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME ALLEN, PATRICK NAME STREET ADDRESS STREET ADDRESS 5601 SPRINGHILL LOOP CiTY-ST-ZIP MERIDIAN, MS 39301 CITY-ST-ZIP XXChange ☐ Addition TITLE ST ☐ Delete TITLE NAME GALBRAITH, BEVERLY Beverly Joiner NAME 5893 Lockwood Drive 6202 WOODLAND CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MERIDAN, MS 39305 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP moititta 🔲 Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 distee 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. Joiner

FILED

Mar 22, 2004 8:00 am