

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90130 048 ***150.00

DOCUMENT # F02000005602

1. Entity Name

ROBERT SMITH GLASS, INC.



Principal Place of Business

210 GRAND AVENUE
MERIDIAN MS 39301

Mailing Address

210 GRAND AVENUE
MERIDIAN MS 39301

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

64-0911151

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~ELNISON, ROBERT~~
~~4431 AMBER LAKE COVE~~
~~NICEVILLE FL 32578~~

7. Name and Address of New Registered Agent

Name PAUL BARFIELD

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

601 Sheppard Drive

City

Pensacola

FL

Zip Code

32507

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

Paul A. Barfield

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4.22.05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PC ☐ Delete
NAME SMITH, ROBERT
STREET ADDRESS 8241 FAIRWAY DRIVE
CITY-ST-ZIP MERIDIAN MS 39305

TITLE V ☐ Delete
NAME ALLEN, PATRICK
STREET ADDRESS 5601 SPRINGHILL LOOP
CITY-ST-ZIP MERIDIAN MS 39301

TITLE ST ☐ Delete
NAME JOINER, BEVERLY
STREET ADDRESS 5893 LOCKWOOD DRIVE
CITY-ST-ZIP MERIDIAN MS 39301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

Beverly Joiner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.9.05

Date

601-693-9251

Daytime Phone #