## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F07000001091

City-St-Zip: ELMIRA, NY 14905

Entity Name: EMHART GLASS MANUFACTURING INC

FILED May 07, 2009 Secretary of State

Littly Nai	ile. LIVITIANT	GLASS WANDI ACTORING II	NC.	
Current Principal Place of Business:			New Principal Place of Business:	
	19 NORTH ATER, FL 3376	64		
Current Mailing Address:			New Mailing Address:	
1140 SULL ELMIRA, N				
FEI Number:	06-1314679	FEI Number Applied For()	FEI Number Not Applicable ( ) Certificate	of Status Desired ( )
Name and	Address of C	urrent Registered Agent:	Name and Address of New Regis	stered Agent:
1200 SOU	ORATYION SY TH PINE ISLAI ON, FL 33324	ND RD.		
The above in the State	named entity s e of Florida.	submits this statement for the p	urpose of changing its registered office or re	gistered agent, or both,
SIGNATUR				
		ic Signature of Registered Ag		ate
		3(2)(b), F.S., the corporation did no	t receive the prior notice.	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VDP () LAUNDRY, JOS 47 SILVER STR NORTH GRANB	EET	Title: VDP (X) Change ( Name: LAUNDRY, JOSEPH F Address: 2729 MURANO #415 City-St-Zip: CLEARWATER, FL 33764	) Addition
Title: Name: Address: City-St-Zip:	DVS () PINKERTON, S' 39 STONY COR AVON, CT 0600	NERS RD	Title: ( ) Change ( Name: Address: City-St-Zip:	) Addition
Title: Name: Address: City-St-Zip:	DSV () MATHERS, SUS 908 OAK HILL [ ELMIRA, NY 14	DR	Title: ( ) Change ( Name: Address: City-St-Zip:	) Addition
Title: Name:	CFO () MATHERS, SUS		Title: ( ) Change ( Name: Address:	) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

City-St-Zip:

SIGNATURE: SUSAN T. MATHERS CFO 05/07/2009