

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000001519

1. Entity Name
GUARDIAN AUTO GLASS COMPANY



Principal Place of Business
**2300 HARMON RD.
AUBURN HILLS, MI 48326**

Mailing Address
**2300 HARMON RD
AUBURN HILLS, MI 48073 US**



02242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-0801385

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NATIONSCORP REGISTERED AGENTS INC
526 E PARK AVE #200
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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	PD
NAME	GERSON, RALPH J
STREET ADDRESS	2300 HARMON RD.
CITY-ST-ZIP	AUBURN HILLS, MI 48326
TITLE	V
NAME	WALTERS, PETER
STREET ADDRESS	2300 HARMON RD.
CITY-ST-ZIP	AUBURN HILLS, MI 48326
TITLE	T
NAME	WAICHUNAS, E A
STREET ADDRESS	2300 HARMON RD.
CITY-ST-ZIP	AUBURN HILLS, MI 48326
TITLE	D
NAME	DAVIDSON, WILLIAM
STREET ADDRESS	2300 HARMON RD.
CITY-ST-ZIP	AUBURN HILLS, MI 48326
TITLE	S
NAME	GORLIN, ROBERT H
STREET ADDRESS	2300 HARMON ROAD
CITY-ST-ZIP	AUBURN HILLS, MI 48326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/21/05-80095-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Katherine C Castillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Katherine C. Castillo

3/7/05
Date

248.340.2272
Daytime Phone #