

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003888

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: SUPERGLASS WINDSHIELD REPAIR, INC.

## Current Principal Place of Business:

6101 CHANCELLOR DRIVE  
SUITE 200  
ORLANDO, FL 32809

## New Principal Place of Business:

## Current Mailing Address:

6101 CHANCELLOR DRIVE  
SUITE 200  
ORLANDO, FL 32809

## New Mailing Address:

FEI Number: 58-2015401      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CASEY, DAVID A  
6101 CHANCELLOR DRIVE, STE 200  
ORLANDO, FL 32809 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CASEY, DAVID A  
Address: 5111 BELLEVILLE AVENUE  
City-St-Zip: ORLANDO, FL 32812 US

Title: VD ( ) Delete  
Name: AGNEW, SANFORD M JR.  
Address: 5958 HENDERSON MOUNTAIN ROAD  
City-St-Zip: JASPER, GA 30143 US

Title: VSD ( ) Delete  
Name: COSTELLO, WILLIAM C  
Address: PO BOX 259  
City-St-Zip: STEINHATCHEE, FL 32359 US

Title: D ( ) Delete  
Name: MITCHELL, WILLIAM D  
Address: 2984 SHADYWOOD CIRCLE  
City-St-Zip: LAWRENCEVILLE, GA 30044 US

Title: D ( ) Delete  
Name: HORMANN, PAUL  
Address: 11935 RIDERS LANE  
City-St-Zip: RESTON, VA 20191 US

Title: D ( ) Delete  
Name: DION, JOAN  
Address: 1357 WAYNE AVENUE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: DAVID A. CASEY

D

04/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date