2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G50623

Entity Name: NORTH FLORIDA STAINED GLASS, INC.

FILED Jan 08, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

14404 N.W. 153RD TER 14404 N.W. 153RD TER P O BOX 316 ALACHUA, FL 32615

ALACHUA, FL 32616

Current Mailing Address: New Mailing Address:

14404 N.W. 153RD TER 14404 N.W. 153RD TER P O BOX 316 P O BOX 316 ALACHUA, FL 32616 US ALACHUA, FL 32615 US

FEI Number: 59-2312794 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHECK-MATHIS, LINN J. CHECK-MATHIS, LINN J. 14404 NW 153RD TERR 14404 NW 153RD TERR ALACHUA, FL 32616 ALACHUA, FL 32615

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: 01/08/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

CHECK-MATHIS, LINN J. CHECK-MATHIS, LINN J. Name: Name: Address:

14404 NW 153RD TERR PO BOX 316 14404 NW 153RD TERR PO BOX 316 Address:

City-St-Zip: ALACHUA, FL City-St-Zip: ALACHUA, FL 32615

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: LINN J. CHECK-MATHIS **PST** 01/08/2009