

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G61367

FILED
Apr 15, 2004
Secretary of State

Entity Name: METROPOLITAN GLASS SYSTEMS, INC.

Current Principal Place of Business:

9506 TRASK ST N
BLDG B
TAMPA, FL 33624 US

New Principal Place of Business:

4007 N. 56TH STREET
TAMPA, FL 33610 US

Current Mailing Address:

9506 TRASK ST N
BLDG B
TAMPA, FL 33624 US

New Mailing Address:

4007 N. 56TH STREET
TAMPA, FL 33610 US

FEI Number: 59-2338916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODS, TIMOTHY H.
3637 BERGER RD
LUTZ, FL 33549

Name and Address of New Registered Agent:

WOODS, JAMES R
17003 WINNERS CIRCLE
ODESSA, FL 33556

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: JAMES R WOODS

04/15/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: WOODS, JAMES H,
Address: 3637 BERGER RD
City-St-Zip: LUTZ, FL 33548

Title: PD () Delete
Name: WOODS, TIMOTHY H.,
Address: 3637 BERGER RD
City-St-Zip: LUTZ, FL

Title: VP () Delete
Name: WOODS, JAMES R.,
Address: 17003 WINNERS CIR
City-St-Zip: ODESSA, FL 33556

Title: ST () Delete
Name: WOODS, JAMES R.,
Address: 17003 WINNERS CIR
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: WOODS, JAMES R.,
Address: 17003 WINNERS CIR
City-St-Zip: ODESSA, FL 33556

Title: VP (X) Change () Addition
Name: WOODS, TIMOTHY H.,
Address: 3637 BERGER ROAD
City-St-Zip: LUTZ, FL 33548

Title: ST (X) Change () Addition
Name: PERUSHEK, JAMES C.,
Address: 1553 CRAZY HORSE DRIVE
City-St-Zip: LUTZ, FL 33559

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES R. WOODS

PD

04/15/2004

Electronic Signature of Signing Officer or Director

Date