


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # H28744
1. Entity Name
ROOT GLASS CO., INC.



Principal Place of Business Mailing Address
275 CLYDE MORRIS BLVD 275 CLYDE MORRIS BLVD
ORMOND BEACH, FK 32174 US ORMOND BEACH, FK 32174 US

DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2868816	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VOGES, WILLIAM J
275 CLYDE MORRIS
ORMOND BEACH, FL 32174

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

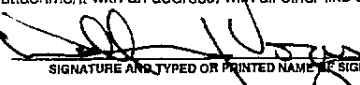
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MARONEY, PHILIP 275 CLYDE MORRIS BLVD ORMOND BEACH, FK 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD VOGES, WILLIAM J 275 CLYDE MORRIS BLVD ORMOND BEACH, FK 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DITTBENNER, EILEEN M 275 CLYDE MORRIS BLVD ORMOND BEACH, FK 32174
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/15/04-80065-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **William J. Voges, Pres.** 3/15/04 386-671-4908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #