

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # H75039

1. Entity Name

STUART GLASS COMPANY



Principal Place of Business

2401 SOUTH DIXIE HIGHWAY
PO BOX 3236
STUART FL 34995

Mailing Address

2401 SOUTH DIXIE HIGHWAY
PO BOX 3236
STUART FL 34995



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2814113

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHERER, WALTER K.
2497 NORMAND ST
STUART FL 34997

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Walter Scherer

1/26/08

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when submitting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | SCHERER, WALTER K. | |
| STREET ADDRESS | 2497 NORMAND ST | |
| CITY-STATE-ZIP | STUART FL 34997 | |
| TITLE | P/D | <input type="checkbox"/> Delete |
| NAME | SCHERER, BONNIE D. | |
| STREET ADDRESS | 2497 NORMAND ST | |
| CITY-STATE-ZIP | STUART FL 34997 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| CITY-STATE-ZIP | | |

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|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
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| CITY-STATE-ZIP | | |

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02/07/08-80019-001 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Walter Scherer

Walter Scherer

1/26/08

772

2870080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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