

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

MOVING TO  
**Mar 14, 2005 08:00 AM**  
2135 **Secretary of State**  
St Petersburg, FL 33712

**DOCUMENT # K47976**

1. Entity Name

TAB GLASS & WINDOW COMPANY, INC.



Principal Place of Business

2222 1ST AVENUE SOUTH  
ST. PETERSBURG FL 33712  
US

Mailing Address

P O BOX 15106  
ST. PETERSBURG FL 33733  
US

See Note to Right

2. Principal Place of Business

3. Mailing Address



1st MOORE

CR2E034 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-2918576**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES, INC.  
1201 HAYES STREET  
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 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

TITLE VP  
NAME SCHOEN, EDMUND G  
STREET ADDRESS 6062 21ST AVE N  
CITY-ST-ZIP ST PETERSBURG FL

☐ Delete

TITLE P  
NAME WERTZ, JOHN R  
STREET ADDRESS 6251 SHORELINE DR #2206  
CITY-ST-ZIP ST PETERSBURG FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

U00000262450  
03/14/05-80057-004 150.00

TITLE  
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #