


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # K51758**  
 1. Entity Name  
 HOMESTEAD GLASS CO.



Principal Place of Business      Mailing Address  
 % ROBERT E. KOLLAR      % ROBERT E. KOLLAR  
 515 N KROME AVE      515 N KROME AVE  
 HOMESTEAD, FL 33030      HOMESTEAD, FL 33030

**DO NOT WRITE IN THIS SPACE**



02052005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 65-0089286      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 KOLLAR, ROBERT E.  
 515 N KROME AVE  
 HOMESTEAD, FL 33030

**DO NOT WRITE IN THIS SPACE**

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]*      DATE: *[Signature]*  
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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	KOLLAR, ROBERT E.
STREET ADDRESS	515 N KROME AVE
CITY-ST-ZIP	HOMESTEAD, FL
TITLE	PST
NAME	KOLLAR, ROBERT E.
STREET ADDRESS	515 N KROME AVE
CITY-ST-ZIP	HOMESTEAD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UN0000228466  
 02/14/05-80033-025 150.00

**DO NOT WRITE IN THIS SPACE**

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: *[Signature]*      R. E. KOLLAR      Date: 205 247 5025  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #