

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # K51758



Entity Name
HOMESTEAD GLASS CO.

Principal Place of Business

ROBERT E. KOLLAR
515 N KROME AVE
HOMESTEAD, FL 33030

Mailing Address

% ROBERT E. KOLLAR
515 N KROME AVE
HOMESTEAD, FL 33030



D1172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FET Number **65-0089286** Applied For
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

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IN THIS SPACE**

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 R.E. KOLLAR *R.E. Kollar* President 1/17/06
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, 2006 Fee will be \$550.00

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

1100000396370
01/30/06-80007-008 150.00

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	

**DO NOT WRITE
IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: R.E. KOLLAR *R.E. Kollar* 1/17/06 305 247 5025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #