


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90058 022 ***150.00

DOCUMENT # K79455
 1. Entity Name
GLASPRO, INC.



Principal Place of Business
 101 POND CYPRESS RD
 VENICE, FL 34292

Mailing Address
 101 POND CYPRESS RD
 VENICE, FL 34292

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number
 65-0121720

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SMETTS, ROBERT H.
 409 S. CASEY KEY RD.
 NOKOMIS, FL 34275

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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, 2007 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	P SMETTS, ROBERT H. 409 SOUTH CASEY KEY RD. NOKOMIS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTS SMETTS, BRIAN 409 S CASEY KEY RD NOKOMIS, FL 34275
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12. 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:  **Robert H Smetts** **4/11/2007** **941-488-4586**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #