


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # K79455**  
 1. Entity Name  
**GLASPRO, INC.**



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

**DO NOT WRITE IN THIS SPACE**



01072008    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 65-0121720      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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	SMETTS, ROBERT H.
STREET ADDRESS	409 SOUTH CASEY KEY RD.
CITY-ST-ZIP	NOKOMIS, FL
TITLE	VTS
NAME	SMETTS, BRIAN
STREET ADDRESS	409 S CASEY KEY RD
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000895801  
 04/24/08-80081-020 150.00

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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 information.

**SIGNATURE:** \_\_\_\_\_      4/8/08      \_\_\_\_\_  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #