

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 07, 2005 8:00 am
Secretary of State

07-07-2005 90004 050 ***550.00

DOCUMENT # K85569	
1. Entity Name THE GLASS PROFESSIONALS, INC.	

Principal Place of Business % DAVID A. LAPRADE 3560 SE DIXIE HWY STUART FL 34997-5245 US	Mailing Address % DAVID A. LAPRADE 3560 SE DIXIE HWY STUART FL 34997-5245 US
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2. Principal Place of Business <i>3570 SE DIXIE HWY</i>	3. Mailing Address <i>3570 SE DIXIE HWY</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Stuart, FL</i>	City & State <i>Stuart, FL</i>	4. FEI Number 65-0124751	Applied For Not Applicable
Zip <i>34997</i>	Country <i>US</i>	Zip <i>34997</i>	Country <i>US</i>



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent LAPRADE, DAVID A. 2481 SE WOOD AVE PT ST LUCIE FL 34952		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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.

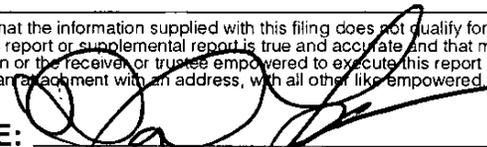
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LAPRADE, DAVID A. 2481 SE WOOD AVE PT ST LUCIE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT LAPRADE, WILLIAM K. 5332 SW LANDING CREEK DR. PALM CITY FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** *4/30/05 712 286 0459*
Date Daytime Phone #