## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

## Feb 13, 2006 8:00 am Secretary of State DOCUMENT # K96824 1. Entity Name 02-13-2006 90022 030 \*\*\*150.00 PRECISION GLASS AND STOREFRONT, INC. Principal Place of Business Mailing Address 7070 NW 23RD WAY 7070 NW 23RD WAY GAINESVILLE FL 32653 **GAINESVILLE FL 32653** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City-&-State City & State 4. FEI Number Applied For 59-2965121 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SALLEY, BRENT CRAIG 6500 NW 54TH WAY **GAINESVILLE FL 32653** 7070 NW 23 12 WAY changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE □ Delete TITLE Change NAME SALLEY, BRENT CRAIG NAME STREET ADDRESS STREET ADDRESS 6500 NW 54TH WAY City-St-7iP **GAINESVILLE FL 32653** CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete ORDAH, WILLIAM EDWARD JORDAN, WILLIAM EDWARD NAME 2840. NAME STREET ADDRESS 1806 SE 50TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL \_\_\_ Delete\_ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with es not quality for the exemptions contained in Section 119, Florida Statutes. I further certify that the information urate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director ecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 indicated on this report or supplemental report is of the corporation or the receiver or treatee emi if changed, or on an attachment with the product of

BRENT SALLEY - PRESIDENT 02/02/06 (352)336-4060

FILED