2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# L13625

FILED Oct 20, 2004 Secretary of State

Entity Name: BREMER STAINED GLASS COMPANY

Current Pi	rincipal Place	of Business:	New Principal Place	of Business:	
	EIGHTON RO LA, FL 32504	AD			
Current Mailing Address:			New Mailing Address:		
	EIGHTON RO LA, FL 32504	AD			
FEI Number:	59-2973401	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
	PEGGY M EIGHTON RD LA, FL 32504	US			
The above in the State		ubmits this statement for the p	urpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electroni	c Signature of Registered Age	nt	Date	
		(2)(b), F.S., the corporation did no	t receive the prior notice.		
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	D ()	Delete	Title:	() Change () Addition	
Name:	HARGROVE, AP	RII D			
A 1.1	· · · · · · · · · · · · · · · · · · ·		Name:		
Address: City-St-Zip:	500 MALDONAD GULF BREEZE,	O DR	Name: Address: City-St-Zip:	., -	
City-St-Zip:	500 MALDONAD GULF BREEZE,	O DR FL 32561	Address: City-St-Zip:		
	500 MALDONAD GULF BREEZE,	O DR FL 32561 Delete	Address:	() Change () Addition	
City-St-Zip: Title: Name: Address:	500 MALDONAD GULF BREEZE, V ()	O DR FL 32561 Delete IIE D.,	Address: City-St-Zip: Title:		
City-St-Zip: Title: Name:	500 MALDONAD GULF BREEZE, V () BREMER, DONN	O DR FL 32561 Delete IIE D., WY Q-5	Address: City-St-Zip: Title: Name:		
City-St-Zip: Title: Name: Address: City-St-Zip: Title:	500 MALDONAD GULF BREEZE, V () BREMER, DONN 2201 SCENIC H PENSACOLA, FI	DO DR FL 32561 Delete IIE D., WY Q-5 - Delete	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title:		
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I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNIE D. BREMER V 10/20/2004