

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L51374
1. Entity Name
NICEVILLE GLASS, INC.



Principal Place of Business Mailing Address
739 JOHN SIMS PKWY E 739 JOHN SIMS PKWY E
NICEVILLE, FL 32578 US NICEVILLE, FL 32578 US

DO NOT WRITE IN THIS SPACE



09052007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-3000625 Not Applicable

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

6. Name and Address of Current Registered Agent

RADFORD, ANNA C
136 3RD STREET (HOME)
NICEVILLE, FL 32578

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IN THIS SPACE**

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 _____ U00000773763
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE
09/11/07-80005-023 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	LOWE, KENNETH E.
STREET ADDRESS	410 MONETT AVE.
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	S
NAME	SMITH, MITCHELL L.
STREET ADDRESS	3398 HIGHWAY 2
CITY-ST-ZIP	LAUREL HILL, FL 32567
TITLE	VP
NAME	RADFORD, ANNA C
STREET ADDRESS	136-3RD ST.
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: *Kenneth E Lowe* Kenneth E Lowe 9/5/07 (850)678-6339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #