

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90416 015 ***150.00

DOCUMENT # L69820

1. Entity Name
GUYS GLASS & WINDOW, INC.



Principal Place of Business
**25378 HARWELL ST
7366 BROAD ST
BROOKSVILLE, FL 34601 US**

Mailing Address
**25378 HARWELL ST
7366 BROAD ST
BROOKSVILLE, FL 34601 US**



2. Principal Place of Business
25378 HARWELL ST

3. Mailing Address
25378 HARWELL ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122004

Chg-P

CR2E034 (10/03)

City & State
BROOKSVILLE FL

City & State
BROOKSVILLE FL

4. FEI Number
59-3008361

Applied For
Not Applicable

Zip
34601

Country

Zip
34601

Country

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

6. Name and Address of Current Registered Agent-

7. Name and Address of New Registered Agent-

**BRODOSI, GUY F., JR
25378 HARWELL ST
BROOKSVILLE, FL 34601**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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 **D** ☐ Delete
NAME **BRODOSI, GUY F., JR**
STREET ADDRESS **25378 HARWELL ST**
CITY-ST-ZIP **BROOKSVILLE, FL 34601**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

GUY F. BRODOSI JR
PRES.

Date

Daytime Phone #

4-16-04

**352
544 5624**