


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90013 005 ***150.00

DOCUMENT # L80750	
1. Entity Name DESIGNER GLASS TINTING NORTH, INC.	

Principal Place of Business 3906 N. WASHINGTON BLVD. SARASOTA FL 34234	Mailing Address 3906 N. WASHINGTON BLVD. SARASOTA FL 34234
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 65-0203108		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
URBAS, CHARLENE 2118 HILLVIEW ST SARASOTA FL 34239		
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		
FL		Zip Code

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE S	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME URBAS, CHARLENE		NAME	
STREET ADDRESS 2118 HILLVIEW ST		STREET ADDRESS	
CITY - ST - ZIP SARASOTA FL 34239		CITY - ST - ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME TEETERS, JOSEPH C SR.		NAME	
STREET ADDRESS 1110 N SUMMIT ST, LOT 24		STREET ADDRESS	
CITY - ST - ZIP CRESCENT CITY FL 32112		CITY - ST - ZIP	
TITLE PTV	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME TEETERS, Joseph C Jr.		NAME	
STREET ADDRESS 6555 RUFF ST		STREET ADDRESS	
CITY - ST - ZIP North Port, FL 34286		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Joseph C Teeters, Jr. 3-17-07 941-351-7063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #