2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # M07549

1. Entity Name

MERKEL GLASS SERVICE, INC.

Principal Place of Business	Mailing Address
C/O DARYL R. MERKEL 555 N. RAILROAD AVE., BAY 8 BOYNTON BEACH FL 33435	C/O DARYL R. MERKEL 555 N. RAILROAD AVE., BAY 8 BOYNTON BEACH FL 33435

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt #, etc.		
City & State	City & State		

MOORE   CR2E034 (11/03)

Zip	Country	Zip	Country	4. FEI Number 59-2463513	Applied For / Not Applicable

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
MERKEL, DARYL R. 5555 N. RAILROAD AVE. BAY 8 BOYNTON BEACH FL 33435	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
Make Check Payable to Florida Department of State

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 **PD** ☐ Delete NAME **MERKEL, DARYL R.** STREET ADDRESS **5555 N RAILROAD AV.BAY 8** CITY-ST-ZIP **BOYNTON BEACH FL**		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000030379 02/04/04-80106-011 150.00
TITLE **D** ☐ Delete NAME **MERKEL, MARY J.** STREET ADDRESS **5555 N RAILROAD AV.BAY 8** CITY-ST-ZIP **BOYNTON BEACH FL**		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: X_____ 1-27-04   561-736-2725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #