

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90006 036 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # M87734

1. Entity Name
DIAMOND T. GLASS, INC.



Principal Place of Business
**632 SE 13TH CT.
CAPE CORAL, FL 33990**

Mailing Address
**PO BOX 150327
CAPE CORAL, FL 33915-0327**



2. Principal Place of Business
129 SE 19TH ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02212006

Chg-P

CR2E034 (11/05)

City & State
CAPE CORAL FL

City & State

4. FEI Number
65-0068160

Applied For
Not Applicable

Zip
33990

Country
US

Zip

Country

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

6. Name and Address of Current Registered Agent

**THIBODEAU, BRIAN
632 SE 13TH CT.
CAPE CORAL, FL 33990**

7. Name and Address of New Registered Agent

Name
THIBODEAU, BRIAN

Street Address (P.O. Box Number is Not Acceptable)
129 SE 19TH ST

City
CAPE CORAL

FL

33900

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PD
THIBODEAU, BRIAN
632 SE 13TH CT.
CAPE CORAL, FL 33990** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VST
CLEM, KEVIN
5357 DELANO COURT
CAPE CORAL, FL 33904** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☒ Change ☐ Addition
**129 SE 19TH ST
CAPE CORAL, FL 33990**

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

TITLE
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CITY- ST- ZIP
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CITY- ST- ZIP
☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/06

Date

239-841-4420

Daytime Phone #