


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 23, 2008 8:00 am**  
**Secretary of State**

05-23-2008 90019 026 \*\*\*150.00

<b>DOCUMENT # M87734</b>	
1. Entity Name <b>DIAMOND T. GLASS, INC.</b>	

Principal Place of Business <b>129 SE 19TH ST CAPE CORAL, FL 33990</b>	Mailing Address <b>PO BOX 150327 CAPE CORAL, FL 33915-0327</b>
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**40104575**



2. Principal Place of Business - No P.O. Box # <b>1902 SE Santa Barbara Pl</b>	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>Cape Coral FL</b>	City & State
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Zip <b>33990</b>	Country <b>US</b>	Zip	Country
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02262008 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0068160</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>THIBODEAU, BRIAN 129 SE 19TH ST CAPE CORAL, FL 33990</b>	7. Name and Address of New Registered Agent Name <b>THIBODEAU, BRIAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>1902 SE Santa Barbara Place</b> City <b>Cape Coral FL</b> Zip Code <b>33990</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THIBODEAU, BRIAN 129 SE 19TH ST CAPE CORAL, FL 33990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THIBODEAU, BRIAN 1902 SE SANTA BARBARA PL CAPE CORAL, FL 33990 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	BRIAN THIBODEAU	4/29/08	239 841 4420
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>