

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000004173	
1. Entity Name MUSEUM OF AMERICAN CUT AND ENGRAVED GLASS, INC.	



Principal Place of Business 472 CHESNUT STREET HIGHLANDS, FL 28741	Mailing Address 218 WHITESIDE MTN RD HIGHLANDS, NC 28741
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01042005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-3397291	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SIEK, RICHARD A 2000 EAST BAY DRIVE #89 LARGO, FL 33771

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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 <u>Richard A. Siek</u>	<u>Richard A. Siek</u>	<u>1/10/05</u>
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when re-issuing)</small>	<small>DATE</small>

Filing Fee is \$61.25 Due by May 1, 2005	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIEK, GEORGE E 218 WHITESIDE MTN ROAD HIGHLANDS, NC 287417357
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COCHRAN, STANLEY J 4TH ST HIGHLANDS, NC 28741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HAMILTON, WILLIAM R 533 LAKE DRIVE HENDERSONVILLE, NC 28739
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLEISHER, NEAL 1156 REDFIELD RIDGE DUNWOOD, GA 30338
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEK, BONNIE J 218 WHITESIDE MTN RD FRANKLIN, NC 287447357
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: <u>George E. Siek</u>	<u>George E. Siek</u>	<u>1/4/05</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>