


FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90022 050 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

50004375

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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		01082008 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-3397291		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		7. Name and Address of New Registered Agent	
SIEK, RICHARD A 2000 EAST BAY DRIVE #89 LARGO, FL 33771		Name David D. Schaller Street Address (P.O. Box Number is Not Acceptable) 30845 County Rd 435 City Sorrento , FL Zip Code 32776	
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 David D. Schaller Signature, typed or printed name of registered agent and title if applicable.		DATE 11 March 06 (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SIEK, GEORGE E 218 WHITESIDE MTN ROAD HIGHLANDS, NC 287417357 <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	VD COCHRAN, STANLEY J 4TH ST HIGHLANDS, NC 28741 <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	STD HAMILTON, WILLIAM R 533 LAKE DRIVE HENDERSONVILLE, NC 28739 <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	D FLEISHER, NEAL 1156 REDFIELD RIDGE DUNWOOD, GA 30338 <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	D SIEK, BONNIE J 218 WHITESIDE MTN RD FRANKLIN, NC 287447357 <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 checked="" type="checkbox"/> Addition
		D Frank Creech 51 Tindals Drive Brevard, NC 28712	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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: George E. Siek		Date 3/6/06 828-526-3427	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	