

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000050563

1. Entity Name
GLASS MASONRY CONCEPTS, INC.



FILED
Aug 19, 2004 08:00 AM
Secretary of State

Principal Place of Business
11924 S.W. 44TH STREET
DAVIE, FL 33330

Mailing Address
11924 S.W. 44TH STREET
DAVIE, FL 33330



08152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1026348

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HEMMERLE, KENNETH V II
1322 N.E. 4TH AVENUE
SUITE E
FORT LAUDERDALE, FL 33304

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 8, 2004

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
PSD
NADEAU, MICHAEL R
11924 S.W. 44TH STREET
DAVIE, FL 33330

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
NADEAU, RICHARD A
11924 S.W. 44TH STREET
DAVIE, FL 33330

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000170391
08/19/04-80001-019 550.00

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IN THIS SPACE**

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:

Michael R. Nadeau
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael R. Nadeau 8/12/04

Date

954-980-8032
Daytime Phone #