


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90405 030 ***150.00

DOCUMENT # P00000055677 1. Entity Name KERRY CLEAVER ART GLASS, INC.					
Principal Place of Business 9326 TARA DR. NEW PORT RICHEY, FL 34654			Mailing Address 9326 TARA DR. NEW PORT RICHEY, FL 34654		
2. Principal Place of Business 7916 EVIE'S WAY		3. Mailing Address 7916 EVIE'S WAY			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State PORT RICHEY, FL.		City & State PORT RICHEY, FL.		4. FEI Number 59-3657329	
Zip 34668		Country PASCO		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 CLEAVER, DANIEL 9326 TARA DR. NEW PORT RICHEY, FL 34654			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7916 EVIE'S WAY City PORT RICHEY FL Zip Code 34668		
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLEAVER, DANIEL J 9326 TARA DR. NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7916 EVIE'S WAY PORT RICHEY, FL. 34668	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLEAVER, KERRY A 9326 TARA DR. NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7916 EVIE'S WAY PORT RICHEY, FL. 34668	
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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	
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: <u>Dan Cleaver</u> DAN CLEAVER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-19-06 727-848-4007 <small>Date Daytime Phone #</small>		

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