2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90369 023 ***150.00

DOCUMENT # P00000110474

1. Entity Name
A & T GLASS & WINDOW CORP.

Principal Place of Business	Mailing Address
~~9935 NW 54 PLACE~~ ~~CORAL SPRINGS, FL 33076~~	~~9935 NW 54 PLACE~~ ~~CORAL SPRINGS, FL 33076~~

04282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4572 SW LA PALOMA DR.	4572 SW LA PALOMA DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM CITY, FL	City & State: PALM CITY, FL
Zip: 34990 Country: USA	Zip: 34990 Country: USA

4. FEI Number: 65-1068000 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HUMPHRIES, TRAVIS
~~9935 NW 54TH PLACE~~
~~CORAL SPRINGS, FL 33076~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 4572 SW LA PALOMA DR.
City PALM CITY **FL** Zip Code 34990

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 $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PS HUMPHREYS, TRAVIS ~~9935 NW 54 PLACE~~ ~~CORAL SPRINGS, FL 33076~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4572 SW LA PALOMA DR. PALM CITY, FL 34990	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: ____________________ 4-28-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #