2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006 8:00 am
Secretary of State
02-14-2006 90003 031 ***150.00

DOCUMENT # P00000110474

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

Principal Place of Business	Mailing Address
~~4572 SW LA PALOMA DR~~ ~~PALM CITY, FL 34990 US~~	~~4572 SW LA PALOMA DR~~ ~~PALM CITY, FL 34990 US~~

02092006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
5802 mistletoe Ln	5802 mistletoe Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PAlm city FL	City & State: PAlm city FL
Zip: 34990 Country: St Lucie	Zip: 34990 Country: St Lucie

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
4572 SW LA PALOMA DR.
PALM CITY, FL 34990

7. Name and Address of New Registered Agent

Name: TRAVIS Humphries
Street Address (P.O. Box Number is Not Acceptable): 5802 SW mistletoe Ln
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, 2006 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 4572 SW LA PALOMA DR PALM CITY, FL 34990	☐ Delete Change Address →	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Humphries. TRAVIS 5802 SW mistletoe Ln Palm city FL 34990	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] 9 FEB 06 (772) 785-8550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #