

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90698 043 \*\*\*150.00

**DOCUMENT # P01000006665**

1. Entity Name  
**STAINED GLASS OVERLAY OF BRANDON, INC.**



Principal Place of Business  
**825 E BRANDON BLVD.  
BRANDON, FL 33511**

Mailing Address  
**825 E BRANDON BLVD.  
BRANDON, FL 33511**

2. Principal Place of Business  
**301 N. PARSONS AVE.**  
Suite, Apt. #, etc.

3. Mailing Address  
**301 N. PARSONS AVE.**  
Suite, Apt. #, etc.



04272004 Chg-P CR2E034 (10/03)

City & State  
**BRANDON, FL**  
Zip  
**33510** Country  
**USA**

City & State  
**BRANDON, FL**  
Zip  
**33510** Country  
**USA**

4. FEI Number  
**59-3694739** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HOLME, DALE W  
825 E BRANDON BLVD  
BRANDON, FL 33511**

**7. Name and Address of New Registered Agent**

Name **HOLME, DALE W.**  
Street Address (P.O. Box Number is Not Acceptable)  
**301 N. PARSONS AVE**  
City **BRANDON** FL Zip Code **33510**

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: **Dale W. Holme** **DALE W. HOLME President** **4-27-04**  
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**

TITLE	DPT	<input type="checkbox"/> Delete
NAME	HOLME, DALE W	
STREET ADDRESS	3604 COLD CREEK DR.	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	HOLME, JANET V	
STREET ADDRESS	3604 COLD CREEK DR.	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **Dale W. Holme** **DALE W. HOLME** **4-27-04** **813-684-9580**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #