2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90075 002 ***150.00

50008799

01182005 Chg-P CR2E034 (10/03)

DOCUMENT # P01000048737

1. Entity Name
ARK CUSTOM GLASS, INC.

Principal Place of Business	Mailing Address
15820 LYLE CIRCLE HUDSON, FL 34667	15820 LYLE CIRCLE HUDSON, FL 34667

2. Principal Place of Business	3. Mailing Address
3084 Crum Rd.	3084 Crum Rd.
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Brooksville, FL	City & State: Brooksville, Fl
Zip: 34604 / Country:	Zip: 34604 / Country:

4. FEI Number: 59-3719792 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NUMBERS, RICHARD 15820 LYLE CIRCLE HUDSON, FL 34667	Name: Street Address (P.O. Box Number is Not Acceptable): 3084 Crum Rd. City: Brooksville, FL 34604 — FL — Zip Code

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: Richard Numbers — 1-27-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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: DP ☐ Delete NAME: TAVO, ALEKISIO L STREET ADDRESS: PO BOX 5221 CITY-ST-ZIP: HUDSON, FL 34674		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: DT ☐ Delete NAME: NUMBERS, RICHARD STREET ADDRESS: 15820 LYLE CIRCLE CITY-ST-ZIP: HUDSON, FL 34667		TITLE NAME STREET ADDRESS: 3084 Crum Rd. CITY-ST-ZIP: Brooksville, FL 34604	☐ Change X ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		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: Richard Numbers — 1-27-05 — 352-799-7109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #