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

01-31-2005 90075 002 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000048737

1. Entity Name
ARK CUSTOM GLASS, INC.

50008799

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

01182005 Chg-P CR2E034 (10/03)

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

NUMBERS, RICHARD
15820 LYLE CIRCLE
HUDSON, FL 34667

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 3084 Crum Rd.
City: Brooksville, FL FL — Zip Code: 34604

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] — 1-27-05
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, 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	TITLE		☐ Change ☐ Addition
NAME	TAVO, ALEKISIO L		NAME		
STREET ADDRESS	PO BOX 5221		STREET ADDRESS		
CITY-ST-ZIP	HUDSON, FL 34674		CITY-ST-ZIP		
TITLE	DT	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	NUMBERS, RICHARD		NAME		
STREET ADDRESS	15820 LYLE CIRCLE		STREET ADDRESS	3084 Crum Rd.	
CITY-ST-ZIP	HUDSON, FL 34667		CITY-ST-ZIP	Brooksville, FL 34604	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [signature] — 1-27-05 — 352-799-7109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #