

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000082969**

1. Entity Name  
**SUWANNEE GLASS, INC.**



Principal Place of Business  
**9051 101ST COURT  
LIVE OAK, FL 32060 US**

Mailing Address  
**9051 101ST COURT  
LIVE OAK, FL 32060 US**



01302008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3737137**

Applied For  
Not Applicable

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

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

**KOON, MIKEL W  
11034 SR 51  
LIVE OAK, FL 32060**

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
-After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME KOON, MIKEL W  
STREET ADDRESS 11034 SR 51  
CITY-ST-ZIP LIVE OAK, FL 32060

TITLE T  
NAME KOON, KENI P  
STREET ADDRESS 11034 SR 51  
CITY-ST-ZIP LIVE OAK, FL 32060

TITLE VP  
NAME RODGERS, MATTHEW H  
STREET ADDRESS 11239 89TH RD  
CITY-ST-ZIP LIVE OAK, FL 32060

TITLE S  
NAME RODGERS, AMY L  
STREET ADDRESS 11239 89TH RD  
CITY-ST-ZIP LIVE OAK, FL 32060

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*Mikel W Koon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-30-08*

Date

Daytime Phone #