

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000091202

1. Entity Name
TRINITY GLASS SERVICES, INC.



Principal Place of Business
4740 13TH AVENUE SOUTHWEST
NAPLES, FL 34116

Mailing Address
4740 13TH AVENUE SOUTHWEST
NAPLES, FL 34116



04242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3745208

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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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 reinstating)

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 NAME STREET ADDRESS CITY- ST- ZIP	PVTD STIEHL, VICTOR 4740 13TH AVE SW NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S STIEHL, CHERYL A 4740 13TH AVE SW NAPLES, FL 34116
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05/21/08-80004-013 150.00

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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 an other like empowered.

SIGNATURE:

[Signature] Cheryl A. Stiehl

4/23/08 239-352-3586

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #