


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000091279**  
 1. Entity Name  
**GLASS CONCEPTS & DESIGN, INC.**



Principal Place of Business      Mailing Address  
**1978 STANHOMER WAY**      **1978 STANHOMER WAY**  
**ORLANDO, FL 32804 US**      **ORLANDO, FL 32804 US**

**DO NOT WRITE IN THIS SPACE**



02012006    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-3744104</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**KOLTUN, JEFFREY M ESQUIRE**  
**557 NORTH WYMORE ROAD, STE. 100**  
**MAITLAND, FL 32751**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LUKENS, RALPH F JR
STREET ADDRESS	8735 BAY RIDGE BLVD
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:** \_\_\_\_\_ **2/3/06** **407-540-1600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #