

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000095610

**FILED**  
**Apr 30, 2004**  
**Secretary of State**

**Entity Name:** AAA 24 HOUR GLASS, WINDOWS & DOORS INC

**Current Principal Place of Business:**

6554 WEST BAKER CIRCLE  
COCOA, FL 32927

**New Principal Place of Business:**

5980 CANNON AVENUE  
COCOA, FL 32927

**Current Mailing Address:**

6554 W BAKER CIRCLE  
COCOA, FL 32927

**New Mailing Address:**

5980 CANNON AVENUE  
COCOA, FL 32927

**FEI Number:** 59-3760853

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAMPS, MADAI  
6554 W BAKER CIRCLE  
COCOA, FL 32927

**Name and Address of New Registered Agent:**

CAMPS, MADAI  
5980 CANNON AVENUE  
COCOA, FL 32927

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.

SIGNATURE: MADAI CAMPS

04/30/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CAMPS, RODNEY W  
Address: 6554 W BAKER CIRCLE  
City-St-Zip: COCOA, FL 32927

Title: V ( ) Delete  
Name: CAMPS, MADAI  
Address: 6554 W BAKER CIRCLE  
City-St-Zip: COCOA, FL 32927

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CAMPS, RODNEY W  
Address: 5980 CANNON AVENUE  
City-St-Zip: COCOA, FL 32927

Title: V (X) Change ( ) Addition  
Name: CAMPS, MADAI  
Address: 5980 CANNON AVENUE  
City-St-Zip: COCOA, FL 32927

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MADAI CAMPS

VP

04/30/2004

Electronic Signature of Signing Officer or Director

Date