

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000110657**

1. Entity Name  
**JOHNSON & JACKSON GLASS PRODUCTS, INC.**

Principal Place of Business  
**5445 N 59TH ST  
TAMPA, FL 33610**

Mailing Address  
**5767 157TH AVE N  
CLEARWATER, FL 33760**



01052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**80-0006485**

Applied For  
Not Applicable

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

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

**GREGORY, WILLIAM P  
715 W. SWANN AVE.  
TAMPA, FL 33606**

**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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	JACKSON, ALFRED W
STREET ADDRESS	5445 N 59TH ST
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	VPD
NAME	JOHNSON, ERIC
STREET ADDRESS	5445 N 59TH ST
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	TD
NAME	JACKSON, SANDRA
STREET ADDRESS	5445 N 59TH ST
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	SD
NAME	JOHNSON, CARYN
STREET ADDRESS	5445 N 59TH ST
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000004183  
01/14/04-80018-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Sandra Jackson Sandra Jackson, Treasurer 1/5/04 507-0002  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #