2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2006 8:00 am
Secretary of State
01-26-2006 90041 038 ***150.00

DOCUMENT # P02000021182

1. Entity Name
A-1 GLASS WORKS, INC.

Principal Place of Business
125 GWYN DRIVE
PANAMA CITY FL 32408

Mailing Address
PO BOX 19196
PANAMA CITY FL 32417

1st MOORE CR2E034 (10/05)

2. Principal Place of Business: 125 GWYN DRIVE
Suite, Apt. #, etc.
City & State: PANAMA CITY BEACH FLORIDA
Zip: 32408 Country: BAY

3. Mailing Address: PO BOX 19196
Suite, Apt. #, etc.
City & State: PANAMA CITY BEACH FLORIDA
Zip: 32417 Country: BAY

4. FEI Number: 30-0048664 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
FLESCH, RONALD
125 GWYN DRIVE
PANAMA CITY BEACH FL 32408

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FLESCH, RONALD		NAME		
STREET ADDRESS	2905 LAURIE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: RONALD FLESCH [signature] 01-18-2006 8507740642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #