


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90275 032 \*\*\*150.00

**DOCUMENT # P02000032899**

1. Entity Name  
**ALL PRO GLASS, INC.**



Principal Place of Business Mailing Address  
**5251 18 AVE N ST PETERSBURG, FL 33710** **5251 18 AVE N ST PETERSBURG, FL 33710**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
**1750 WINCHESTER Rd** **1750 WINCHESTER Rd**  
 Suite, Apt. #, etc Suite, Apt. #, etc

City & State City & State  
**St. Petersburg FL** **St. Petersburg FL**  
 Zip Country Zip Country  
**33710** **33710**

6. Name and Address of Current Registered Agent

SCHNUR, LEA S  
 5251 18 AVE N  
 ST PETERSBURG, FL 33710

40078000



03192007 Chg-P CR2E034 (12/06)

4. FEI Number 75-3031537 Applied For Not Applicable

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

7. Name and Address of New Registered Agent  
 Name **SCHNUR, LEA S**  
 Street Address (P.O. Box Number is Not Acceptable) **1750 WINCHESTER Rd**  
 City **St. Petersburg** FL Zip Code **33710**

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 *Lea S. Schnur* **Lea S. SCHNUR** DATE **4/19/07**

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, 2007 Fee will be \$550.00**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD SCHNUR, LEA S 5251 18 AVE N ST PETERSBURG, FL 33710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PI/D</b> <b>SCHNUR, LEA S.</b> <b>1750 WINCHESTER Rd</b> <b>ST. PETERSBURG FL 33710</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRILEY, CAROL 5251 18 AVE N ST PETERSBURG, FL 33710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D</b> <b>KRILEY, CAROL</b> <b>1750 WINCHESTER Rd</b> <b>ST. PETERSBURG FL 33710</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNUR, CHARLES 5251 18 AVE N ST PETERSBURG, FL 33710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/D</b> <b>SCHNUR, CHARLES</b> <b>1750 WINCHESTER Rd</b> <b>ST. PETERSBURG FL 33710</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lea S. Schnur* **Lea S. SCHNUR** Pres. DATE: **4/19/07** 727-458-3262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR