changed, or on an attachmen

SIGNATURE

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 23, 2007 8:00 am Secretary of State 2007 FOR PROFIT CORPORATION **ANNUAL REPORT** 04-23-2007 90275 032 ***150 00 DOCUMENT # P02000032899 1. Entity Name ALL PRO GLASS, INC. 40070000 Principal Place of Business Mailing Address 5251 18 AVE N 5251 18 AVE N ST PETERSBURG, FL 33710 ST PETERSBURG, FL 33710 2. Principal Place of Business - No PO Box # 3. Mailing Address 1750 WINCHESTER Rd WINCHESTER Rd 1750 Suite, Apt. #, etc Suite, Apt. #, etc 03192007 Chg-P CR2E034 (12/06) City & State Sr. Perersburg City & State 4. EEI Number Applied For ST. Perers burg 75-3031537 Not Applicable Zip 33716 \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHNUR, SCHNUR, LEAS Street Address (P O Box Number is Not Acceptable) 5251 18 AVE N ST PETERSBURG, FL 33710 Intity systems this praterior to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above name the obligations d acent. ature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD **C**hange TITLE TITLE ☐ Addition Delete SCHNAR, LEA S. SCHNUR, LEAS NAME NAME 1750 WINCHESTER Red ST. Perenspurg FL 337 10 STREET ADDRESS 5251 18 AVE N STREET ADDRESS CITY - ST - ZIP ST PETERSBURG, FL 33710 CITY-ST-7IP **∠** Change TITLE ☐ Delete TITLE ■ Addition NAME KRILEY, CAROL NAME KRILEY. (ARDL STREET ADDRESS 5251 18 AVE N STREET ADDRESS 1750 WINCHESTER Rd St. Petersburg FL CITY-ST-ZIP ST PETERSBURG, FL 33710 CITY-ST-ZIP TITLE ☐ Delete TITLE VPID SCHNUR. CHARLES SCHNUR, CHARLES NAME NAME 1750 WINDHESTER Rd Sp. Perersburg FL 33710 STREET ADDRESS 5251 18 AVE N STREET ADDRESS CITY-ST-7IP ST PETERSBURG, FL 33710 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ___ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition THILE 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 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an applicable with all other like empowered

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