

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90646 048 ***158.75

DOCUMENT # P02000070800

1. Entity Name

STRUCTURE IMAGE GLASS, INC.



Principal Place of Business

1535 GREGORY DRIVE
DELTONA, FL 32738

Mailing Address

1535 GREGORY DRIVE
DELTONA, FL 32738



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

54-2063620

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIVERA, OLGA
1535 GREGORY DRIVE
DELTONA, FL 32738

**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 S
NAME CRESPO, JOSE LUIS
STREET ADDRESS 1535 GREGORY DRIVE
CITY-ST-ZIP DELTONA, FL 32738

TITLE D
NAME CRESPO, JOSE
STREET ADDRESS 1535 GREGORY DRIVE
CITY-ST-ZIP DELTONA, FL 32738

TITLE **OLGA RIVERA - President**
NAME
STREET ADDRESS **VICE PRES, TREASURE**
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-8-04

Attachment

14002203

STRUCTURE IMAGE GLASS, INC.

PD2000070800

Bank Reconciliation for Checking account

11/30/2003

Run: Dec 23 2003 @ 12:24 PM

Book Balance	2,178.40
Corrections	0.00
Add: Outstanding checks	0.00
Minus: Deposits in transit	0.00
Subtotal	2,178.40
Ending Bank Balance	2,178.40
Difference	0.00

Date

Ref# Description

Amount

Total:

0.00

Attachment

STRUCTURE IMAGE GLASS, INC.

Bank Reconciliation for Checking account

10/31/2003

14002203
#PO2000070800

Run: Dec 4 2003 @ 10:39 AM

Book Balance	734.92
Corrections	0.00
Add: Outstanding checks	0.00
Minus: Deposits in transit	0.00
Subtotal	<u>734.92</u>
Ending Bank Balance	<u>734.92</u>
Difference	0.00

Date	Ref#	Description	Amount
		Total:	<u><u>0.00</u></u>