2007 FOR PROFIT CORPORATION. ANNUAL REPORT

FILED Apr 06, 2007 08:00 Al Secretary of State **DOCUMENT # P02000111674** 1. Entity Name PETER GLASER CONSTRUCTION, INC. Principal Place of Business Mailing Address 1380 HIBISCUS ST 1380 HIBISCUS ST CLEARWATER, FL 33755 CLEARWATER, FL 33755 04032007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 33-1027007 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GLASER, PETER N DO NOT WRITE 1380 HIBISCUS ST CLEARWATER, FL 33755 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00Trust Fund Contribution. ' Added to Fees After May 1, 2007 Fee will be \$550.00 U00000693977 OFFICERS AND DIRECTORS 10. n4/16/07-80061-013 150.00 TITLE NAME GLASER, PETER N 1380 HIBISCUS ST STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33755 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

TETLE NAME STREET ADDRESS CITY ST-ZIP

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR