


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000128761

1. Entity Name
GLASS CRAFT OF NAPLES, INC.



Principal Place of Business Mailing Address

4531 ENTERPRISES AVENUE "B" **4531 ENTERPRISES AVENUE "B"**
NAPLES, FL 34104 **NAPLES, FL 34104**



04222005 · No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0808924 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ERICKSON, LOUIS S
11725 COLLIER BLVD
SUITE F
NAPLES, FL 34116

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOWE, VIRGINIA M
STREET ADDRESS	2408 KINGS LAKE BLVD.
CITY - ST - ZIP	NAPLES, FL 34112
TITLE	VP
NAME	MILLE, CRAIG
STREET ADDRESS	3320 SANTIAGO WAY
CITY - ST - ZIP	NAPLES, FL 34105
TITLE	VP
NAME	OGDEN, CURTIS SCOTT
STREET ADDRESS	390 2ND ST. S.E.
CITY - ST - ZIP	NAPLES, FL 34117
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 04/28/05-80115-024 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Virginia M. Howe April 22, 2005 239-645-6700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #