

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000135104

FILED
Apr 16, 2009
Secretary of State

Entity Name: CREATIVE GLASS OF CENTRAL FL, INC.

Current Principal Place of Business:

2520 NORTH RONALD REAGAN BLVD
SUITE 164
LONGWOOD, FL 32750

New Principal Place of Business:

2551 W STATE ROAD 434
LONGWOOD, FL 32750

Current Mailing Address:

1342 VALHALLA STREET
DELTONA, FL 32725

New Mailing Address:

P.O. BOX 915377
LONGWOOD, FL 32791

FEI Number: 02-0662242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAGLIARDI, LOUIS L
2520 N. RONALD REAGON BLVD
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

GAGLIARDI, LOUIS L
2551 W STATE ROAD 434
LONGWOOD, FL 32750 US

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.

SIGNATURE:

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: GAGLIARDI, LOUIS L
Address: 2520 N. RONALD REAGON BLVD STE. 160
City-St-Zip: LONGWOOD, FL 32750

Title: V (X) Delete
Name: GAGLIARDI, PATRICIA A
Address: 1342 VALHALLA STREET
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: GAGLIARDI, LOUIS L
Address: 2551 W STATE ROAD 434
City-St-Zip: LONGWOOD, FL 32750

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS GAGLIARDI

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04/16/2009

Electronic Signature of Signing Officer or Director

Date