

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-12-2004 90253 022 ***150.00

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1. Entity Name

SOUTHERN GLASS PRODUCTS RESIDENTIAL SERVICES, INC.



Principal Place of Business

**3250 ATLANTIC AVE.
LAKELAND FL 33803**

Mailing Address

**P.O. BOX 1545
LAKELAND FL 33802-1545**

2. Principal Place of Business

3220 ATLANTIC AVE
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 1346
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

LAKELAND FL

City & State

EATON PARK FL

4. FEI Number

45-0507410

Applied For

Not Applicable

Zip

33803

Country

USA

Zip

33840

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COLEMAN, CLIFF C
3250 ATLANTIC AVE.
LAKELAND FL 33803**

7. Name and Address of New Registered Agent

Name **CLIFF C COLEMAN**
Street Address (P.O. Box Number is Not Acceptable)
3220 ATLANTIC AVE
City **LAKELAND** FL **33803**

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

Cliff C Coleman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

CLIFF C COLEMAN

4/9/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **COLEMAN, CLIFF C**
STREET ADDRESS **P.O. BOX 1545**
CITY-ST-ZIP **LAKELAND FL 33802-1545**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

Cliff C Coleman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLIFF C COLEMAN

Date

4/9/04 8636656947

Daytime Phone #