


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90099 007 ***150.00

DOCUMENT # P03000041193 1. Entity Name ARCHITECTURAL GLASS & DESIGN, INC.			
Principal Place of Business 601 ALHAMBRA LANE N. PONTE VEDRA BEACH, FL 32082		Mailing Address 601 ALHAMBRA LANE N. PONTE VEDRA BEACH, FL 32082	
2. Principal Place of Business <i>100 Nina Court</i> Suite, Apt. #, etc.		3. Mailing Address <i>100 Nina Court</i> Suite, Apt. #, etc.	
City & State <i>Ponte Vedra Beach, FL</i> Zip <i>32082</i>		City & State <i>Ponte Vedra Beach, FL</i> Zip <i>32082</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 11-3684467		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEST, WENDY PRES. 601 ALHAMBRA LANE N. PONTE VEDRA BEACH, FL 32082		7. Name and Address of New Registered Agent Name <i>West, Wendy Pres</i> Street Address (P.O. Box Number is Not Acceptable) <i>100 Nina Court</i> <i>Ponte Vedra Beach</i> FL Zip Code <i>32082</i>	
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 <i>Wendy West</i> DATE <i>4/18/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, WENDY PRES 601 ALHAMBRA LANE N. PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Pres. West, Wendy</i> <i>100 Nina Court</i> <i>Ponte Vedra Beach, FL 32082</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OCTAVI, JUSTIN SEC. 601 ALHAMBRA LANE N. PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Sec. Octavi, Justin</i> <i>100 Nina Court</i> <i>Ponte Vedra Beach, FL 32082</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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.			
SIGNATURE: <i>Wendy West Pres.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>4/18/06</i> Daytime Phone # <i>9045886975</i>	