


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Sep 16, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000046602 1. Entity Name FIBERGLASS & GELCOAT, INC.	
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Principal Place of Business 1535 SW 44TH TER APT #1 FORT LAUDERDALE, FL 33317	Mailing Address 1535 SW 44TH TER APT #1 FORT LAUDERDALE, FL 33317
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DO NOT WRITE IN THIS SPACE



07182005 No Chg-P CR2E034 (10/03)

4. FEI Number 36-4529699	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ARCHIBALD, CLEMENT 1535 SW 44TH TER APT #1 FORT LAUDERDALE, FL 33317	DO NOT WRITE IN THIS SPACE
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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 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS ARCHIBALD, CLEMENT 1535 SW 44TH TER APT #1 FORT LAUDERDALE, FL 33317
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09/16/05-80001-022 158.75

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	09-02-05 Date	Daytime Phone #
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