

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000046876

1. Entity Name
CERTIFIED GLASS, INC.



Principal Place of Business 1338 DEL PRADO BLVD F CAPE CORAL, FL 33990	Mailing Address 1338 DEL PRADO BLVD F CAPE CORAL, FL 33990
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DO NOT WRITE IN THIS SPACE



02062008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0018888	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDREWS, BETTY J
2114 CORAL POINT DRIVE
CAPE CORAL, FL 33990

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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
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ANDREWS, TERRY M 2114 CORAL PT DR CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS ANDREWS, BETTY J 2114 CORAL PT DR CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/19/08-80066-009 150.00

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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: Betty J. Andrews, V.P. 2-6-08 239-242-1262
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Betty J. ANDREWS