## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 11, 2004 8:00 am Secretary of State **DOCUMENT # P03000065667** 03-11-2004 90016 011 \*\*\*150.00 1. Entity Name LA'GAIL GLASS & WINDOW, INC. Principal Place of Business Mailing Address 94027990 1669 BISMARK DR 1669 BISMARK DR DELTONA, FL 32725 DELTONA, FL 32725 CR2E034 (10/03) 01052004 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2364720 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent POPE, NELSON BRITTON DO NOT WRITE 1669 BISMARK DR DELTONA, FL 32725 IN THIS SPACE 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 ed agent and title if application (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10, OFFICERS AND DIRECTORS TITLE POPE, NELSON BRITTON NAME 1669 BISMARK DR STREET ADDRESS CITY-ST-ZIP DELTONA, FL 32725 TITLE NAME STREET ADDRESS CITY-ST-ZiP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 altother like empowered. 286-561-7232 SIGNATURE:

AME OF SIGNING OFFICER OR DIRECTOR

**FILED**