

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90030 039 ***158.75

DOCUMENT # P03000110231

1. Entity Name

GLASS CENTRAL WINDSHIELD REPAIR, INC.



Principal Place of Business

**826 CREIGHTON ROAD STE B-100
PENSACOLA FL 32504**

Mailing Address

**826 CREIGHTON ROAD STE B-100
PENSACOLA FL 32504**

44043812



MOORE CR2E034 (11/03)

2. Principal Place of Business

7201 N. 9TH AVENUE

3. Mailing Address

P.O. BOX 11391

Suite, Apt. #, etc.

SUITE A-10

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

4. FEI Number

47-0933147

Applied For

Not Applicable

Zip

32504

Country

Zip

32524-1391

Country

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUGGARD, JERRY
826 CREIGHTON ROAD STE B-100
PENSACOLA FL 32504**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
HUGGARD, JERRY
826 CREIGHTON ROAD STE B-100
PENSACOLA FL 32504**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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

Jerry Huggard 3-30-04 850-479-6266

Date

Daytime Phone #