

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90224 035 ***158.75

DOCUMENT # P03000110231	
1. Entity Name GLASS CENTRAL WINDSHIELD REPAIR, INC.	

Principal Place of Business 7201 N. 9TH AVENUE SUITE A-10 PENSACOLA FL 32504	Mailing Address P.O. BOX 11391 PENSACOLA FL 32524-1391
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent HUGGARD, JERRY 826 CREIGHTON ROAD STE B-100 PENSACOLA FL 32504		7. Name and Address of New Registered Agent Name <u>James C. Gillispie</u> Street Address (P.O. Box Number is Not Acceptable) <u>7201 North 9th Av, Suite A-10</u> City <u>Pensacola</u> FL <u>32504</u>	
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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 James C. Gillispie (NOTE: Registered Agent signature required when reinstating) DATE 1-25-05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Sect. Treasurer James C. Gillispie 7201 North 9th Av, STE-A-10 Pensacola, FL 32504 <input checked="" type="checkbox"/> Change <input checked="" 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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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: James C. Gillispie James C. Gillispie 1-25-05 850-479-6266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #