## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000112359

Address:

City-St-Zip:

Entity Name: NU SHINE GLASS TINT INC.

FILED Jun 08, 2005 Secretary of State

Current P	rincipal Place	of Business:	New Prin	New Principal Place of Business:		
1756 PENNY LANE CLEARWATER, FL 33756				7000 PARK BLVD. STE.D PINELLAS PARK, FL 33781		
Current M	ailing Addres	s:	New Mail	New Mailing Address:		
1756 PENNY LANE CLEARWATER, FL 33756				7000 PARK BLVD. STE. D PINELLAS PARK, FL 33781		
FEI Number:	20-0216525	FEI Number Applied For()	FEI Number Not App	olicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
ERVIN, THERESA 1756 PENNY LANE CLEARWATER, FL 33756 US			171824 S.	CONLEY, ROBERT VP 171824 S.LADY MARY DR CLEARWATER, FL 33756 US		
The above in the State	named entity : e of Florida.	submits this statement for the pu	rpose of changing	its registered off	ïce or registered agent, or both,	
SIGNATURE: ROBERT CONLEY				06/08/2005		
	Electror	ic Signature of Registered Ager	t		Date	
		3(2)(b), F.S., the corporation did not growth Trust Fund Contribution ( ).	receive the prior noti	ce.		
	S AND DIREC	•	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PVST ( ) ERVIN, THERE 1756 PENNY L CLEARWATER	ANE	Title: Name: Address: City-St-Zip:	P (X) 0 ERVIN, THERES, 1756 PENNY LAI CLEARWATER, I	NE	
Title: Name: Address: City-St-Zip:		Delete	Title: Name: Address: City-St-Zip:	VP ()( CONLEY, ROBEI 1824 S. LADY M. CLEARWATER, I	ARY DR.	
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	S ()C CONLEY, BRYAN 1824 S. LADY M CLEARWATER, I	ARY DR.	
Title:		Delete	Title:	T ()C	Change (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

1824 S. LADY MARY DR.

CLEARWATER, FL 33756

SIGNATURE: ROBERT CONLEY VP 06/08/2005