

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P03000115988

1. Entity Name

A.A. GLASS SERVICE, INC.



FILED

Feb 24, 2005 08:00 AM
Secretary of State

Principal Place of Business
2920 NINTH STREET NORTH
ST PETERSBURG FL 33704

Mailing Address

2920 NINTH STREET NORTH
ST PETERSBURG FL 33704

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HOLDER, BRENDA J
2920 NINTH STREET NORTH
ST PETERSBURG FL 33704

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, 2005 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

TITLE P
NAME HOLDER, REGINALD E
STREET ADDRESS 2920 NINTH STREET NORTH
CITY - ST - ZIP ST PETERSBURG FL 33704

Delete

TITLE VP,S
NAME HOLDER, BRENDA J
STREET ADDRESS 2920 NINTH STREET NORTH
CITY - ST - ZIP ST PETERSBURG FL 33704

Delete

TITLE T
NAME HOLDER, BRENDA J
STREET ADDRESS 2920 NINTH STREET NORTH
CITY - ST - ZIP ST PETERSBURG FL 33704

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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: *Brenda S. Holder* Brenda S. Holder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-05 727 832-4400

Date

Daytime Phone #