

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000115988

1. Entity Name  
A.A. GLASS SERVICE, INC.



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

Mailing Address  
2920 NINTH STREET NORTH  
ST PETERSBURG, FL 33704

**FILED  
Jan 17, 2008 08:00 AM  
Secretary of State**

**DO NOT WRITE IN THIS SPACE**



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number 80-0079178	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
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 \_\_\_\_\_

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, 2008 Fee will be \$550.00**

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

U000000788072  
01/18/08-00024-024 150.00

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

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

TITLE  
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 exemptions contained in Chapter 119, 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 Holder*

NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-08 227-822-4400