

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000116639

1. Entity Name

MASTERPIECE ALUMINUM AND GLASS PRODUCTS,  
INC.



Principal Place of Business

4907 SYCAMORE ST  
APOPKA, FL 32712

Mailing Address

4907 SYCAMORE ST  
APOPKA, FL 32712



02182006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-0337118

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZIKA, RICHARD W  
4907 SYCAMORE ST  
APOPKA, FL 32712

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

D

ZIKA, RICHARD W

4907 SYCAMORE ST

APOPKA, FL 32712

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

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CITY- ST- ZIP

000000449872  
03/09/06-80071-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: RICHARD W. ZIKA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02.20.06

Date

407.896.1000

Daytime Phone #