


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90103 010 \*\*\*150.00

<b>DOCUMENT # P03000140319</b>					
<b>1. Entity Name</b> GLASS ELECTRIC, INC.					
<b>Principal Place of Business</b> 6164 ALLENTOWN RD MILTON, FL 32570			<b>Mailing Address</b> 6164 ALLENTOWN RD MILTON, FL 32570		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  GLASS, DANNY G 6164 ALLENTOWN RD MILTON, FL 32570				<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O., Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GLASS, DANNY G 6164 ALLENTOWN RD MILTON, FL 32570	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VO BATEMAN, DNNY 6164 ALLENTOWN RD MILTON, FL 32570	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BATEMAN, BRIAN 6164 ALLENTOWN RD MILTON, FL 32570	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input 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
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
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
<b>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.</b>					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: 1-26-04 (850) 983-9876 Daytime Phone #	

34001591



01212004 Chg-P CR2E034 (10/03)

4. FEI Number 02-0712876 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

*Attachment*

Due to changes in State law, corporations will no longer be receiving a paper form to file the required Uniform Business Report with the Division of Corporations.

It is the opinion of this firm that the lack of forms may cause some taxpayers to fail to file this return timely. This failure will lead to significant penalties incurred by the taxpayers. As such, we have elected to prepare this form for all of our corporate clients.

# PO 3000140319  
54001591

If you have already remitted your \$150.00 to the Florida Department of State, please disregard and destroy the attached form. If you have not filed and paid, or are unsure please send a check for \$150.00 with the attached form. Any overpayments with duplicate filings will be refunded by the State.