2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 19, 2004 8:00 am Secretary of State

DOCUMENT # P03000143026 1. Entity Name GLASS BLOCK SOLUTIONS, INC.				07-19-2004 90013 019 ***150.00					
Principal Place of Business 3620 NANTUCKET ISLAND DRIVE #201 PORT ORANGE, FL 32129 Address 3620 NANTUCKET ISLAND PORT ORANGE, FL 32129				54063582 €					
		T							
2. Principal Place of Business 3. Mailing Address			lane						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07142004 Chg-P CR2E034 (10/03)					
City & State		Palm Coast, Fireida		Applied For Not Applied For Not Applied For	hie				
Zip	Country	37.164	Country	5. Certificate of Status Desired \$8.75 Additional					
·	6. Name and Address of Current		<u> </u>	7. Name and Address of New Registered Agent	긤				
Nego									
WHITMER	, STEVE FUCKET ISLAND DRIVE #201		(P.O. Box Number is Not Acceptable)						
PORT ORA	ANGE, FL 32129		The Croft Lane						
	•	:	City D	FI Zio Code, II	\dashv				
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 obligati	ions of registered agent.	l '							
SIGNATURE STANCE, typed or proted name of registered agent and title if applicable. (NOTE: Registered Agent signature reduced when reinstaling) DATE									
- Patenter show or business rates and see a see									
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.									
10.	. OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	P	☐ Delete		Change Addit	ion				
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CITY-ST-ZIP	PORT ORANGE, FL 32129	· L #201	CITY-ST-ZIP	PALM COAST, FL 32164	Ì				
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STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS CITY-ST-ZIP	e the perintonence of a	□ Delete	- CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP	☐ Change ☐ Addil ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information are the same legal effect as if made under oath; that I am an officer or directed.	tion				

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oard; that if an anothicer or director of the corporation or the recorresport 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.

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