

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000149173

FILED
Jan 27, 2008
Secretary of State

Entity Name: ACTION GLASS AND GLAZING COMPANY

Current Principal Place of Business:

3105 SE GRAN PARK WAY
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

3105 SE GRAN PARK WAY
STUART, FL 34997

New Mailing Address:

FEI Number: 20-0481943

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARZANO, TROY
4796 S.E. MANATEE COVE ROAD
STUART, FL 34997 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MARZANO, TROY
Address: 4796 S.E. MANATEE COVE ROAD
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: DAWN, MARY C
Address: 4796 S.E. MANATEE COVE ROAD
City-St-Zip: STUART, FL 34997

Title: P () Delete
Name: MARZANO, TROY
Address: 4796 SE MANATEE COVE ROAD
City-St-Zip: STUART, FL 34997

Title: VP () Delete
Name: HOWARD, BRYAN
Address: 5753 SE 47TH AVENUE
City-St-Zip: STUART, FL 34997

Title: S () Delete
Name: DWAN, MARY
Address: 4796 SE MANATEE COVE ROAD
City-St-Zip: STUART, FL 34997

Title: T () Delete
Name: MARZANO, TROY
Address: 4796 SE MANATEE COVE ROAD
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY C. DWAN

S

01/27/2008

Electronic Signature of Signing Officer or Director

Date