


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90453 036 ***150.00

DOCUMENT # P03000150025	
1. Entity Name EXECUTIVE AUTO GLASS INC.	

Principal Place of Business 19800 VETERAN'S BLVD 14A PORT CHARLOTTE, FL 33954	Mailing Address 1325 YATES ST. PORT CHARLOTTE, FL 33952
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2. Principal Place of Business - No P.O. Box # SAME	3. Mailing Address 1710 RIVAL TERR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NORTH PORT FL	4. FEI Number 20-0466432	Applied For <input type="checkbox"/> Not Applicable
Zip 34286	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GIBBONS, BRIAN J 1325 YATES ST. PORT CHARLOTTE, FL 33952	
7. Name and Address of New Registered Agent Name GIBBONS JENNIFER Street Address (P.O. Box Number is Not Acceptable) 1710 RIVAL TERR City North Port FL Zip Code 34286	

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 *Jennifer Gibbons* **JENNIFER GIBBONS REG. AGENT 4/26/07**
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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete GIBBONS, BRIAN J 1325 YATES ST. PORT CHARLOTTE, FL 33952	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GIBBONS JENNIFER 1710 RIVAL TERR North Port FL 34286
TITLE VP	<input type="checkbox"/> Delete GIBBONS, JENNIFER 1325 YATES ST. PORT CHARLOTTE, FL 33952	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GIBBONS BRIAN J 1710 RIVAL TERR North Port FL 34286
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jennifer Gibbons* **JENNIFER GIBBONS REG 4/26/07 9416290015**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #