

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90401 015 ***150.00

DOCUMENT # P03000150630

1. Entity Name
CERMA GLAZE, INC.



Principal Place of Business
170 LAKESIDE DRIVE
SANFORD, FL 32773

Mailing Address
170 LAKESIDE DRIVE
SANFORD, FL 32773

00000111



02102006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

890 Leeward Dr.

Suite, Apt. #, etc.

3. Mailing Address

890 Leeward Dr.

Suite, Apt. #, etc.

City & State

Deltona, FL

City & State

Deltona, FL

4. FEI Number

30-0220032

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

32738

Country

USA

Zip

32738

Country

USA

6. Name and Address of Current Registered Agent

GOMEZ, DICKSON
170 LAKESIDE DRIVE
SANFORD, FL 32773

7. Name and Address of New Registered Agent

Name Dickson Gomez

Street Address (P.O. Box Number is Not Acceptable)

890 Leeward Dr.

City Deltona

FL

Zip Code 32738

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 reinstating)

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 P ☐ Delete
NAME GOMEZ, DICKSON
STREET ADDRESS 170 LAKESIDE DRIVE
CITY-ST-ZIP SANFORD, FL 32773

TITLE VP ☐ Delete
NAME GOMEZ, INGRIS
STREET ADDRESS 170 LAKESIDE DRIVE
CITY-ST-ZIP SANFORD, FL 32773

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME Dickson Gomez
STREET ADDRESS 890 Leeward Dr.
CITY-ST-ZIP Deltona, FL 32738

TITLE VP ☒ Change ☐ Addition
NAME Ingris Gomez
STREET ADDRESS 890 Leeward Dr.
CITY-ST-ZIP Deltona, FL 32738

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Dickson Gomez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/06
Date

386-574-8461
Daytime Phone #