


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-09-2004 90043 046 ***150.00

DOCUMENT # P03000151873 1. Entry Name CARLSON GLASS ENTERPRISES, INC.					
Principal Place of Business 15829 SHADY HILLS RD SPRING HILL FL 34610			Mailing Address 15829 SHADY HILLS RD SPRING HILL FL 34610		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 42-1616434	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CARLSON, ALBERT F 15829 SHADY HILLS RD SPRING HILL FL 34610				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 Make Check Payable to Florida Department of State </div> <div style="width: 60%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <input type="checkbox"/> Delete PRESIDENT/TREAS. NAME ALBERT F CARLSON STREET ADDRESS 15829 SHADY HILLS RD CITY-ST-ZIP SPRING HILLS FL 34610			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete SECRETARY NAME BEVERLY CARLSON STREET ADDRESS 15829 SHADY HILLS RD CITY-ST-ZIP SPRING HILL FL 34610			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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.					
SIGNATURE: <u><i>Albert F Carlson</i></u> PRESIDENT 2-28-04 (62) 856-5507 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

Attachment

P03000151873

Carleton L. Weidemeyer
ATTORNEY AND COUNSELOR AT LAW

66408841

501 SOUTH FT. HARRISON AVENUE
LEGAL ARTS BLDG., SUITE ONE
CLEARWATER, FL 33756
Phone: (727) 447-3852 Fax: (727) 443-1424

March 25, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

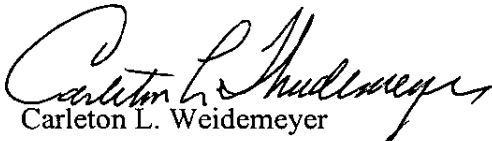
RE: Carlson Glass Enterprises, Inc.
Ref No. P03000151873
Annual Report Correction

Gentlemen:

This is in reference to your letter of 11 March 2004, a copy of which is enclosed for reference requesting the FEI Number be added to the Corporate Annual Report. Mr. Carlson sent the information to your office but to date he has not received confirmation in order to obtain his workman's compensation exemption.

Accordingly, I am enclosing another copy of his annual report with the FEI number and request confirmation that the computerized records of the corporation be updated at your earliest convenience to satisfy the requirements of the Workman's Compensation Department of Financial Services. Thank you.

Very truly yours,


Carleton L. Weidemeyer

Enclosures
CLW/cw

cc: Department of Financial Services
1718 Main Street
Sarasota, FL 34236