## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2008 08:00 AN Secretary of State **DOCUMENT # P03000156981** 1. Entity Name KUSTOM GLASS INC. Principal Place of Business Mailing Address 5086 N CITRUS AVE 5086 N CITRUS AVE CRYSTAL RIVER, FL 34428 CRYSTAL RIVER, FL 34428 01072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3773969 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PALHOF, GLENN C DO NOT WRITE **5086 N CITRUS AVE** CRYSTAL RIVER, FL 34428 IN THIS SPACE 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 alguature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE (8 \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U00000314891 9<del>5/08/90-00074-019-150.00</del> 10. OFFICERS AND DIRECTORS PS TITLE NAME PALHOF, GLENN C STREET ADDRESS 5086 N CITRUS AVE CRYSTAL RIVER, FL 34428 CITY-ST-ZIP VPT TITLE NAME PALHOF, KATHLEEN A STREET ADDRESS 5086 N CITRUS AVE CITY-ST-79P CRYSTAL RIVER, FL 34428 TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-77P TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-71P TITLE NAME STREET ADDRESS CTTY-ST-ZP MILE 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: Kathleen Galhof

DATE: PHONE NUMBER: 3527957146