2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State
05-23-2005 90009 017 ***150.00

DOCUMENT # P04000008031

1. Entity Name
DECORATIVE GLASSWORKS, INC.

Principal Place of Business	Mailing Address
1222 10TH ST. ST. CLOUD, FL 34769 US	1222 10TH ST. ST. CLOUD, FL 34769 US

2005934 0

04112005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1120 Pennsylvania Ave	1120 Pennsylvania Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Cloud FL	City & State: St. Cloud, FL
Zip: 34769 Country: US	Zip: 34769 Country: US

4. FEI Number: 58-2385541 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OSBORN, MARTIN
304 NEW YORK AVE.
ST. CLOUD, FL 34769

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 ______________________________
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OSBORN, MARTIN 304 NEW YORK AVE. ST. CLOUD, FL 34769	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OSBORN, JOY 304 NEW YORK AVE. ST. CLOUD, FL 34769	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Martin Osborn MARTIN Osborn 4/11/05 (407) 891-1144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #