

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2008 8:00 am
Secretary of State

06-30-2008 90021 016 ***150.00

DOCUMENT # P04000009520

1. Entity Name
CLASSIC GLASS STUDIOS OF CENTRAL FLORIDA, INC.



Principal Place of Business
2133 W. FAIRBANKS AVE
WINTER PARK, FL 32789

Mailing Address
2133 W. FAIRBANKS AVE
WINTER PARK, FL 32789

2. Principal Place of Business - No P.O. Box #

933 LEWIS DRIVE

3. Mailing Address

933 LEWIS DRIVE

Suite, Apt. #, etc.

SUITE "A"

Suite, Apt. #, etc.

SUITE "A"

City & State

WINTER PARK FLA

City & State

WINTER PARK FLA

Zip

32789

Country

U.S.

Zip

32789

Country

US

05212008

Chg-P

CR2E034 (12/06)

4. FEI Number
20-0643358

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEANE, CHRISTOPHER
2133 W. FAIRBANKS AVE.
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name KEANE, CHRISTOPHER

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

5819 NW WINDY PINES LN

City PORT ST LUCIE

FL

Zip Code

34986

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
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KEANE, CHRISTOPHER
STREET ADDRESS 2133 W. FAIRBANKS AVE
CITY-ST-ZIP WINTER PARK, FL 32789

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME KEANE, CHRISTOPHER
STREET ADDRESS 5819 NW WINDY PINES LN
CITY-ST-ZIP PORT SAINT LUCIE FL 34986

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/08

Date

Daytime Phone #

407 628-8585