2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

5/31/08. 407 628-8585 Daytone Phone #

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DOCUMENT # P0400009520 1. Entity Name CLASSIC GLASS STUDIOS OF CENTRAL FLORIDA, INC.					06-30-2008 90021 016 ***150.00			
Origanal Olaa	a of Business	Mailing Address			40100			
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2 Principal D	lace of Business - No P.O. Boy #							
2. Principal Place of Business - No P.O. Box # 3. Mailing Address S. J.7 LEWIS DRIVE S. J.7 LEWIS D.			1217	/>		18/1 1/8 JOHN 65 68/1	ESIN DEND IDIEN ANN WEN	f ab ii(001 1) (30)
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Zip	Country	\$ 32789	Country	-	5. Certificate	of Status Desired	□ ≱8./5 / Fee Requ	Additional
<u> 32789</u>		<u> </u>	25		L			illeu
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
WEAVE OURIGEORIES				Name KESNE CHRISTOPHEN				
KEANE, CHRISTOPHER				Street Address (P.O. Box Number is Not Acceptable)				
2133 W. FAIRBANKS AVE. WINTER PARK, FL 32789								
WINIER	ARK, FL 32/09		610			.	2~	
				<u> </u>		مةصدرس	7/~25	
			Ci	14/225	551	11515	FL Zip C	Code 4997
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. 1 am familiar with, and accept								
	ions of registered agent.	tine purpose of changing its reg	giatered or	nce or register	eo agent, or bo	or, in the state or rior	ida. Tairi (arima) w	itit, and accept
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SIGNATURE_	Columbial Color	~ /c			2/0	1/08		
	Signature, typed or printed happe of registered agent a	and title if applicable (NOTE Ri	egistered Ager	nt signature required	d when reinstating)		DATE	
FII	LE NOW!!! FEE IS \$150.00	Election Campaign	-		. 00 May Be		ith s. 607.193(2)(
D	ue by September 12, 2008	Trust Fund Contribu	ution.	∐ Add	ed to Fees	corporation did r	not receive the pri	or notice.
40	OFFICERS AND	DIRECTORS	14		ADDITIONS	CHANCES TO DESI	CEDE AND DIDECT	ODC IN 11
10.	OFFICERS AND		11.	D D		CHANGES TO OFFI		
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12. I hereby	certify that the information supplied with	this filing does not qualify for t	he exempt	tions contained	d in Chapter 11	9, Florida Statutes, I	further certify that the	ne information
indicated	on this report or supplemental report is	s true and accurate and that my	signature	shall have the	same legal effe	ct as if made under o	ath; that I am an oil	icer or director
of the cor	rporation or the receiver or trustee emporation or the receiver or trustee emporation and attachment with an address	owered to execute this report as with all other like empowered	required t	by Chapter 60	r, morida Statuli	es; and that my name	appears in Block 1	O OL BROCK 11 ()
Silangeu	, or on an anadomical will all address					_		

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 2