2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an express, with all other like

SIGNATURE:

Apr 12, 2005 8:00 am Secretary of State DOCUMENT # P04000020704 1. Entity Name 04-12-2005 90142 006 ***150.00 PRESTIGE GLASS COMPANY INCORPORATED Principal Place of Business Mailing Address P.O. BOX 248 DADE CITY FL 33526 34311 BLANTON RD DADE CITY FL 33523 2. Principal Place of Business 3. Mailing Address 13541 Em 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State 20-0730005 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Nicholas MORENO, NICHOLAS A Street Address (P.O. Box Number is Not Acceptable) 34311 BLANTON, RD. En bass DADE CITY FL 33523 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 Nicholas A. Mo SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE TITLE ☐ Change ☐ Addition ☐ Delete MORENO, NICHOLAS A NAME NAME STREET ADDRESS 34311 BLANTON RD. STREET ADDRESS DADE CITY FL 33523 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Detete TITLE ☐ Change ☐ Addition THEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete □ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Defete TOTLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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

FILED