


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2005 8:00 am
Secretary of State

08-26-2005 90001 039 ***150.00

DOCUMENT # P04000107067 1. Entity Name TERRY'S GLASS SERVICES INC.			
Principal Place of Business 208 E LAKE BRANTLEY DR LONGWOOD, FL 32779		Mailing Address 208 E LAKE BRANTLEY DR LONGWOOD, FL 32779	
2. Principal Place of Business 1370 PRINCE PHILIP DR. Suite, Apt. #, etc.		3. Mailing Address 1370 PRINCE PHILIP DR. Suite, Apt. #, etc.	
City & State CASSELBERRY, FL Zip 32707 Country U.S.A.		City & State CASSELBERRY, FL Zip 32707 Country U.S.A.	
4. FEI Number 34-2005859		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		07062005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent PELLETIER, TERRY L 208 E LAKE BRANTLEY DR LONGWOOD, FL 32779		7. Name and Address of New Registered Agent Name PELLETIER, TERRY L Street Address (P.O. Box Number is Not Acceptable) 1370 PRINCE PHILIP DR City CASSELBERRY FL Zip Code 32707	
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  DATE 8-23-05 <small>Signature, typewritten printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PELLETIER, TERRY L 208 E LAKE BRANTLEY DR LONGWOOD, FL 32779	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PELLETIER, TERRY L 1370 PRINCE PHILIP DR. CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  - TERRY PELLETIER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 8-23-05 Daytime Phone # 321-388-8788	

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