

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 SEP 17 PM 4:18

**DOCUMENT # P04000133342**

1. Entity Name  
**ACTION AUTO GLASS PLUS INC.**

*Address change*



Principal Place of Business  
**39055 C.R. 54  
ZEPHYRHILLS, FL 33542**

Mailing Address  
**39055 C.R. 54  
ZEPHYRHILLS, FL 33542**

2. Principal Place of Business - No P.O. Box #  
**18551 Hwy 301**

3. Mailing Address  
**18551 Hwy 301**

Suite, Apt. #, etc.  
**Dade City FL**

City & State  
**Dade City FL**

Zip  
**33525**

Country  
**USA**

Zip  
**33523**

Country  
**PASCO**



09062007 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-1715904**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☒ Applied For  
☐ Not Applicable

6. Name and Address of Current Registered Agent  
**BOWMAN, DAVID  
39055 C.R. 54  
ZEPHYRHILLS, FL 33542**

*new address*  
**18551 N Hwy 301  
DADE City FL  
33523**

7. Name and Address of New Registered Agent  
**18551 N. Hwy 301 - DAVID Bowman**

Street Address (P.O. Box Number is Not Acceptable)  
**18551 N. Hwy 301**

City  
**Dade City**

FL Zip Code  
**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.

SIGNATURE *David Bowman* **Aug 28 07**

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 14, 2007**

9. Election Campaign Financing  
☒ **\$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	<b>P BOWMAN, DAVID 39055 C.R. 54 ZEPHYRHILLS, FL 33542</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>300109872923 09/25/07--01012--009 **158.75</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>BOWMAN DAVID 18551 N. Hwy 301 Dade City</b>	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
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
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

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: *David Bowman* **Aug 28 07**

Signature and typed or printed name of signing officer or director Date Daytime Phone #