

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P05000016463

1. Entity Name

GLASS ACT PATIO SCREENS, INC.



FILED

Feb 01, 2008 08:00 AM
Secretary of State

Principal Place of Business

2811 N.E. 57TH STREET
FORT LAUDERDALE FL 33308

Mailing Address

2811 N.E. 57TH STREET
FORT LAUDERDALE FL 33308

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

30-0296519

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALITURI, BRUCE
2811 N.E. 57TH STREET
FORT LAUDERDALE FL 33308

Name

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

City

FL

Zip Code

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 registering

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

D

Delete

NAME

SALITURI, BRUCE

STREET ADDRESS

2811 N.E. 57TH STREET

CITY-ST-ZIP

FORT LAUDERDALE FL 33308

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

Change

Addition

NAME

SALITURI, BRUCE

STREET ADDRESS

2811 N.E. 57TH STREET

CITY-ST-ZIP

000000811178

02/11/08-80016-004 150.00

TITLE

V

Delete

NAME

SALITURI, SUSAN

STREET ADDRESS

2811 N.E. 57TH STREET

CITY-ST-ZIP

FORT LAUDERDALE FL 33308

TITLE

Change

Addition

NAME

SALITURI, SUSAN

STREET ADDRESS

2811 N.E. 57TH STREET

CITY-ST-ZIP

TITLE

Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

1/25/08

Date

Daytime Phone #