
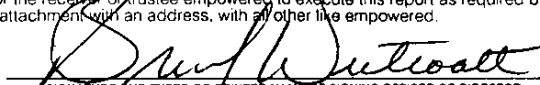


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90015 037 ***150.00

DOCUMENT # P05000045834 1. Entity Name GLASS CITY USA INC			
Principal Place of Business 3405 S WASHINGTON AVE TITUSVILLE, FL 32780		Mailing Address 3405 S WASHINGTON AVE TITUSVILLE, FL 32780	
2. Principal Place of Business - No P.O. Box # 3314 S. HOPKINS AVE Suite, Apt. #, etc.		3. Mailing Address P.O. Box 157 Suite, Apt. #, etc.	
City & State TITUSVILLE FL		City & State TITUSVILLE FLORIDA	
Zip 32780	Country Brevard	Zip 32781-0157	Country Brevard
6. Name and Address of Current Registered Agent VENUTI, LOUIS 400 ORANGE STREET TITUSVILLE, FL 32796		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP <div style="border: 1px solid black; padding: 2px;"> D WESTCOATT, BRENDA 3405 S WASHINGTON AVE TITUSVILLE, FL 32780 </div> <input type="checkbox"/> Delete	<div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP <div style="border: 1px solid black; padding: 2px;"> </div> <input type="checkbox"/> Delete	<div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP <div style="border: 1px solid black; padding: 2px;"> </div> <input type="checkbox"/> Delete	<div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP <div style="border: 1px solid black; padding: 2px;"> </div> <input type="checkbox"/> Delete	<div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP <div style="border: 1px solid black; padding: 2px;"> </div> <input type="checkbox"/> Delete	<div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP <div style="border: 1px solid black; padding: 2px;"> </div> <input type="checkbox"/> Delete	<div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2/2/2007 <small>Date Daytime Phone #</small>	

40022988



01162007 Chg-P CR2E034 (12/06)

4. FEI Number
20-2612518
Applied For
Not Applicable

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