

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000046890

Entity Name: GLASS QUEST INC.

FILED  
Apr 20, 2009  
Secretary of State

## Current Principal Place of Business:

1234 SW BILTMORE ST  
BAY N  
PORT ST LUCIE, FL 34983 US

## New Principal Place of Business:

## Current Mailing Address:

961 SW CAIRO AVE.  
PORT ST LUCIE, FL 34953 US

## New Mailing Address:

FEI Number: 20-2566513

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ERVINE, KATHLEEN D  
961 SW CAIRO AVE.  
PORT ST LUCIE, FL 34953 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ERVINE, KATHLEEN D  
Address: 961 SW CAIRO AVE.  
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: VP ( ) Delete  
Name: ERVINE, WILLIAM C  
Address: 961 SW CAIRO AVE.  
City-St-Zip: PORT ST LUCIE, FL 34953 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN D. ERVINE

P

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date