

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000127597

1. Entity Name
THE STAINED GLASS PUB, INC.



Principal Place of Business
5502 SW SUNSHINE FARMS WAY
PALM CITY, FL 34990

Mailing Address
5502 SW SUNSHINE FARMS WAY
PALM CITY, FL 34990



03032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRANDT, SANFORD
5502 SW SUNSHINE FARMS WAY
PALM CITY, FL 34990

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U00000729506
05/08/07-80042-006 158.75

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	BRANDT, JOYCE A
STREET ADDRESS	5502 SW SUNSHINE FARMS WAY
CITY - ST - ZIP	PALM CITY, FL 34990

TITLE	P
NAME	BRANDT, SANFORD R
STREET ADDRESS	5502 SW SUNSHINE FARMS WAY
CITY - ST - ZIP	PALM CITY, FL 34990

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Sanford R. Brandt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2007 (772) 288-4368
Date Daytime Phone #