## 2008 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

DOCUMENT # P05000146229

1. Entity Name BAYLINE GLASS, INC.



Principal Place of Business

3350 SANDY RIDGE DRIVE CLEARWATER, FL 33761

Mailing Address

3350 SANDY RIDGE DRIVE CLEARWATER, FL 33761

## **FILED** May 05, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

03092008 CR2E034 (11/05) No Chg-P 4. FEI Number Applied For

20-3689941 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required

6. Name and Address of Current Registered Agent

CANADA, EDWARD G 3350 SANDY RIDGE DRIVE CLEARWATER, FL 33761

## DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees					
10.	OFFICERS AND DIREC	TORS	1 1				
TITLE	P				1		
NAME	CANADA, EDWARD G						
STREET ADDRESS	3350 SANDY RIDGE DRIVE						
CITY-ST-ZIP	CLEARWATER, FL 33761				<u>U000000349639</u>		
TITLE	VP				06/03/08-80036-007 150.00		
NAME	CANADA, KIMBERLY A						
STREET ADDRESS	3350 SANDY RIDGE DRIVE						
CITY-ST-ZIP	CLEARWATER, FL 33761						
TITLE					•		
NAME							
STREET ADDRESS				D0	NOT MOITE		
CITY-ST-ZIP			i	טַע	NOT WRITE		

12. Thereby certify that the information supplied with this filling 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 received 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 attachn

SIGNATURE:

TITLE

NAME STREET ADDRESS CITY+ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR