

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 29, 2007 8:00 am
Secretary of State

05-04-2007 90091 044 ***150.00

DOCUMENT # P06000022904 1. Entity Name TROY'S ACTION GLASS, INC.																																																																																							
Principal Place of Business 1499 SW 30TH AVE., STE. 13 BOYNTON BEACH, FL 33426		Mailing Address 1499 SW 30TH AVE., STE. 13 BOYNTON BEACH, FL 33426																																																																																					
2. Principal Place of Business - No P.O. Box # 3867 Island Club Cir W. Suite, Apt. #, etc.		3. Mailing Address 3867 Island Club Cir W. Suite, Apt. #, etc.																																																																																					
City & State Lantana FL 33462 Zip 33462-2181		City & State Lantana FL 33462 Zip 33462-2181																																																																																					
4. FEI Number 204384986		Applied For ☐ Not Applicable																																																																																					
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																																																																																					
6. Name and Address of Current Registered Agent COCHRAN, TROY 1499 SW 30TH AVE., STE. 13 BOYNTON BEACH, FL 33426		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3867 Island Club circle W. City Lantana, FL 33462 FL Zip Code 33462-2181																																																																																					
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 reappointing)																																																																																							
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																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D COCHRAN, TROY ☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">Cochran, Troy ☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>COCHRAN, TROY</td> <td>NAME</td> <td>3867 Island Club circle W.</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1499 SW 30TH AVE., STE. 13</td> <td>STREET ADDRESS</td> <td>Lantana, FL 33462-2181</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOYNTON BEACH, FL 33426</td> <td>CITY-ST-ZIP</td> <td>Lantana, FL 33462-2181</td> </tr> <tr> <td>TITLE</td> <td>V ☒ Delete</td> <td>TITLE</td> <td>Cochran, Troy ☐ Change ☒ Addition</td> </tr> <tr> <td>NAME</td> <td>CHAPMAN, RACHEL A</td> <td>NAME</td> <td>3867 Island Club circle W.</td> </tr> <tr> <td>STREET ADDRESS</td> <td>3867 ISLAND CLUB CIR W</td> <td>STREET ADDRESS</td> <td>Lantana, FL 33462-2181</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LANTANA, FL 33426-33462-2181</td> <td>CITY-ST-ZIP</td> <td>Lantana, FL 33462-2181</td> </tr> <tr> <td>TITLE</td> <td>☐ Delete</td> <td>TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>☐ Delete</td> <td>TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>☐ Delete</td> <td>TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	D COCHRAN, TROY ☐ Delete	TITLE	Cochran, Troy ☒ Change ☐ Addition	NAME	COCHRAN, TROY	NAME	3867 Island Club circle W.	STREET ADDRESS	1499 SW 30TH AVE., STE. 13	STREET ADDRESS	Lantana, FL 33462-2181	CITY-ST-ZIP	BOYNTON BEACH, FL 33426	CITY-ST-ZIP	Lantana, FL 33462-2181	TITLE	V ☒ Delete	TITLE	Cochran, Troy ☐ Change ☒ Addition	NAME	CHAPMAN, RACHEL A	NAME	3867 Island Club circle W.	STREET ADDRESS	3867 ISLAND CLUB CIR W	STREET ADDRESS	Lantana, FL 33462-2181	CITY-ST-ZIP	LANTANA, FL 33426-33462-2181	CITY-ST-ZIP	Lantana, FL 33462-2181	TITLE	☐ Delete	TITLE	☐ Change ☐ Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	☐ Delete	TITLE	☐ Change ☐ Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	☐ Delete	TITLE	☐ Change ☐ Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
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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: <u><i>Troy Cochran</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>4-28-07</u> Date and Phone #																																																																																					

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