


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90129 050 ***150.00

DOCUMENT # P06000030487	
1. Entity Name SOLUTIONS GLASS, INC.	

Principal Place of Business 901 NORTH LAKE DESTINY ROAD SUITE 370 MAITLAND, FL 32751 US	Mailing Address 901 NORTH LAKE DESTINY ROAD SUITE 370 MAITLAND, FL 32751 US
---	---

2. Principal Place of Business - No P.O. Box # 903 OUTER ROAD	3. Mailing Address 903 OUTER ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ORLANDO, FL	City & State ORLANDO, FL
Zip 32814	Country US
Zip 32814	Country US



04172008 Chg-P CR2E034 (12/06)

4. FEI Number 76-0821203	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

**MCCORKLE, ANDREW L
901 NORTH LAKE DESTINY ROAD
SUITE 370
MAITLAND, FL 32751**

7. Name and Address of New Registered Agent

Name
MCCORKLE, ANDREW L.

Street Address (P.O. Box Number is Not Acceptable)
903 OUTER ROAD

City **ORLANDO**

FL

Zip Code **32814**

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

4/22/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MCCORKLE, ANDREW L	
STREET ADDRESS	901 NORTH LAKE DESTINY DRIVE STE 370	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCCORKLE, CLAIR W	
STREET ADDRESS	901 NORTH LAKE DESTINY DR STE 370	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORKLE, ANDREW L.	
STREET ADDRESS	903 OUTER ROAD	
CITY-ST-ZIP	ORLANDO, FL 32814	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORKLE, CLAIR W.	
STREET ADDRESS	903 OUTER ROAD	
CITY-ST-ZIP	ORLANDO, FL 32814	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/08

Date

407-373-7800

Daytime Phone #