
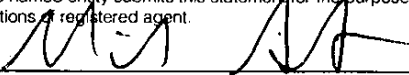
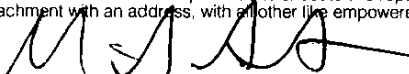


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90044 023 ***150.00

DOCUMENT # P06000043058 1. Entity Name FOSTER'S GLASS INC					
Principal Place of Business 2513 SE MORNINGSID BLVD PORT ST. LUCIE, FL 34952			Mailing Address 2513 SE MORNINGSID BLVD PORT ST. LUCIE, FL 34952		
2. Principal Place of Business - No P.O. Box # 2861 SE Wiltshire Terrace		3. Mailing Address 2861 SE Wiltshire Terrace			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Port Saint Lucie, FL		City & State Port Saint Lucie, FL		4. FEI Number 20-4563872	
Zip 34952		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOSTER, MICHAEL 2513 SE MORNINGSID BLVD PORT ST. LUCIE, FL 34952				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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:  <div style="display: flex; justify-content: space-between; font-size: small;"> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOSTER, MICHAEL <input type="checkbox"/> Delete 2513 SE MORNINGSID BLVD PORT ST. LUCIE, FL 34952		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Foster, Michael <input type="checkbox"/> Change <input type="checkbox"/> Addition 2861 SE Wiltshire Terrace Port St. Lucie, FL 34952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FOSTER, MICHELLE <input type="checkbox"/> Delete 2513 SE MORNINGSID BLVD PORT ST. LUCIE, FL 34952		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Foster, Michelle <input type="checkbox"/> Change <input type="checkbox"/> Addition 2861 SE Wiltshire Terrace Port St. Lucie, FL 34952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 another like empowered.					
SIGNATURE:  <div style="display: flex; justify-content: space-between; font-size: x-small;"> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # </div>					