


2007 FOR PROFIT CORPORATION ANNUAL REPORT

3/21

FILED
Apr 11, 2007 8:00 am
Secretary of State

03-29-2007 90025 043 ***150.00

DOCUMENT # P06000044311 1. Entry Name THE GLASSMAN SERVICE COMPANY INC.															
Principal Place of Business 6139 136TH TER N CLEARWATER, FL 33760			Mailing Address 6139 136TH TER N CLEARWATER, FL 33760												
2. Principal Place of Business - No P.O. Box #		3. Mailing Address													
Suite, Apt. #, etc.		Suite, Apt. #, etc.													
City & State		City & State													
Zip	Country	Zip	Country	02192007 Chg-P CR2E034 (12/06)											
4. FEI Number 01-0861358				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 A1A REGISTERED AGENT INC. 92 SADBERRY RD QUINCY, FL 32351											
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____				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 _____ (NOTE: Registered Agent signature required when re-electing) DATE _____											
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											
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHAFFER, TERRY L 8111 136TH TER N CLEARWATER, FL 33760	<input type="checkbox"/> Delete													
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHAFFER, CLAIRE 6111 136TH TER N CLEARWATER, FL 33760	<input type="checkbox"/> Delete													
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>						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"/> Change <input type="checkbox"/> Addition	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"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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>Claire C. Shaffer</u> 3-26-07 (727) 501-9216 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>															