

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 07, 2007 8:00 am
Secretary of State

09-07-2007 90001 001 ***550.00

DOCUMENT # P06000086602

1. Entity Name

WOMAR GLASS, INC.



Principal Place of Business

2 WAINWOOD PLACE
PALM COAST FL 32164

Mailing Address

2 WAINWOOD PLACE
PALM COAST FL 32164



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/07)

City & State

City & State

4. FEI Number

20-5250988

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHIUMENTO & ASSOCIATES, P.A.
4 OLD KINGS ROAD NORTH, SUITE B
PALM COAST FL 32137

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 5, 2007

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME WASZKIEWICZ, MARCIN
STREET ADDRESS 2 WAINWOOD PLACE
CITY-ST-ZIP PALM COAST FL 32164

TITLE ☐ Delete
NAME MISZTAL, RENATA
STREET ADDRESS 13 FARRADAY LANE
CITY-ST-ZIP PALM COAST FL 32137

TITLE ☐ Delete
NAME JANKOWSKI-MIHULOWICZ, WOJCIECH
STREET ADDRESS LENARTA 25, 38-400
CITY-ST-ZIP KROSNO POLAND

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Marcin Waszkiewicz MARCIN WASZKIEWICZ 9/1/07 3864479144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #