

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90048 004 ***150.00

DOCUMENT # P06000127668

1. Entity Name
ALL GLASS MASTERS INC.



Principal Place of Business
16025 GLEN HAVEN DR
TAMPA, FL 33618 US

Mailing Address
16025 GLEN HAVEN DR
TAMPA, FL 33618 US

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

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



01032007 Chg-P CR2E034 (12/06)

City & State

Tampa FL
33618 USA

City & State

Tampa FL
33618 USA

4. FEI Number

20-5742277

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JENSEN, STEPHANIE L
16025 GLEN HAVEN DR
TAMPA, FL 33618

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 \$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

10. OFFICERS AND DIRECTORS

TITLE: PRES
NAME: JENSEN, KENNETH M
STREET ADDRESS: 16025 GLEN HAVEN DR
CITY-ST-ZIP: TAMPA, FL 33618

☐ Delete

TITLE: TRES
NAME: JENSEN, STEPHANIE L
STREET ADDRESS: 16025 GLEN HAVEN DR
CITY-ST-ZIP: TAMPA, FL 33618

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TITLE: SECT
NAME: DELATORRE, TANYA
STREET ADDRESS: 16025 GLEN HAVEN DR
CITY-ST-ZIP: TAMPA, FL 33618

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TITLE: DIR
NAME: JENSEN, KENNETH M
STREET ADDRESS: 16025 GLEN HAVEN DR
CITY-ST-ZIP: TAMPA, FL 33618

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TITLE:
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STREET ADDRESS:
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STREET ADDRESS:
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE:
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CITY-ST-ZIP:

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STREET ADDRESS:
CITY-ST-ZIP:

☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7273