


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000023510 1. Entity Name SANIGLAZE OF CANADA, INC.			
Principal Place of Business 115 PARK STREET JACKSONVILLE, FL 32204 US		Mailing Address P.O. BOX 40486 JACKSONVILLE, FL 32203 US	
2. Principal Place of Business - No P.O. Box # 4526 LENOX AVE		3. Mailing Address P.O. Box 32209	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL	
Zip 32205		Zip 32236	
Country 		Country 	
6. Name and Address of Current Registered Agent ROSENBLOOM, PERCY III 1847 WOODMERE DRIVE JACKSONVILLE, FL 32210		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 ROSENBLOOM, PERCY III 115 PARK STREET JACKSONVILLE, FL 32204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	p Rosenbloom, Percy III 4526 Lenox Ave. Jacksonville, FL 32205 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRANT, PAUL A 115 PARK STREET JACKSONVILLE, FL 32204 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800117638958 02/11/08--01005--006 **302.50 <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	CFO- Barnes, Josiah 4526 Lenox Ave. Jacksonville, FL 32205 <input type="checkbox"/> Change <input checked="" 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 an other like empowered.			
SIGNATURE: <u>Josiah S. Barnes</u> <u>JOSIAH S. BARNES</u> <u>1/6/08</u> <u>904-355-2745</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

FILED

08 JAN 17 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01072008 Chg-P CR2E034 (12/06)

 FEI Number **20-8494191** Applied For
 Not Applicable

 5. Certificate of Status Desired ☒ **\$8.75** Additional
 Fee Required