## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 03, 2008 8:00 am Secretary of State

| DOCUMENT # P0700048122  1. Entity Name DARREN THOMAS GLASS COMPANY, INC.  |                                      |  |                               |  | 03-03-2008 90210 040 ***150.00 |                       |                      |                     |                         |  |
|---|--------------------------------------|--|-------------------------------|--|--------------------------------|-----------------------|----------------------|---------------------|-------------------------|--|
| Principal Place   | e of Business                        | Mailing Address  |                               |  |                                |                       |                      |                     |                         |  |
| 3401 HAWK STREET<br>Sebring, FL 33872   |                                      | P. O. BOX 502<br>SEBRING, FL 33871                     |                               |  |                                |                       |                      |                     |                         |  |
|   | ,,                                   | T  | <u>.</u>                      |  |                                |                       |                      |                     |                         |  |
| 2. Principal Place of Business - No P.O. Box # 812 US Hwy 27 N  |                                      | 3. Mailing Address 812 US Hwy 27 N Suite. Apt. #, etc. |                               |  |                                |                       |                      |                     |                         |  |
| Suite Apt, #, etc.  |                                      | Unit 5   |                               |  | 01082008                       | Chg-P                 | CR2E034 (1           | 12/06)              |                         |  |
| City & State Sebring, Fl  |                                      | City & State   Sebring, Fl                             |                               |  | 4. FEI Number 20-88416         | 546                   |                      | <del></del>         | olied For<br>Applicable |  |
| Zip 33870-2160 Gountry 1ands  |                                      | 33870 <b>–</b> 2160                                    | Country<br>Highlan            | ds   | 5. Certificate of              |                       |                      | 75 Addi<br>Required |                         |  |
| 6. Name and Address of Current Registered Agent   |                                      |  |                               | 7. Name and Address of New Registered Agent  |                                |                       |                      |                     |                         |  |
| MCCOLLUM, JAMES F<br>129 SOUTH COMMERCE AVE.<br>SEBRING, FL 33870   |                                      |  | Street A                      | Name John E. Deer Street Address (P.O. Box Number is Not Acceptable)  1142 Old Ft Green Rd |                                |                       |                      |                     |                         |  |
| L   |                                      |  | City Wau                      |  |                                |                       | FL 3                 | ip Code<br>3873     | <b>-</b> 7710           |  |
| 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 Significe: Typed or printed name of registered aperand title if applicable. (NOTE. Registered Agent signature required when reinstating)  DATE  |                                      |  |                               |  |                                |                       |                      |                     |                         |  |
| FILE-NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees   |                                      |  |                               |  |                                |                       |                      |                     |                         |  |
| 10.   | OFFICERS AND                         | DIRECTORS  | 11.                           | Ţ  | ADDITIONS/CH                   | HANGES TO OFFI        |                      |                     |                         |  |
| TITLE<br>NAME   | P<br>THOMAS, DARREN W                | ☐ Delete   | TITLE<br>NAME                 |  |                                |                       |                      | Change              | ☐ Addition              |  |
| STREET ADDRESS  | P.O. BOX 502                         |  | STREET AUDRESS                |  |                                |                       |                      |                     |                         |  |
| CITY-ST-ZIP   | SEBRING, FL 33871                    |  | CITY-ST-ZIP                   |  |                                |                       |                      |                     |                         |  |
| TITLE   | VP                                   | <b>XX</b> Delete                                       | TITLE                         | adak   | xXxxXeex                       | <b>V</b> P            |                      | Change              | Addition X              |  |
| NAME<br>STREET ADDRESS  | LITTLEFIELD, MERI J<br>P. O. BOX 502 |  | NAME<br>STREET ADDRESS        | 1 '  | E. Deer                        |                       |                      |                     |                         |  |
| CITY-ST-ZIP   | SEBRING, FL 33871                    |  | CITY-ST-ZIP                   |  | Old Ft (                       |                       |                      |                     |                         |  |
| THLE  | T                                    | ☐ Delete   | TITLE                         | Wauc   | hula, Fl                       | <del>33873-7</del>    | 710                  | Change              | ☐ Addition              |  |
| NAME  | THOMAS, DARREN W                     |  | NAME<br>STREET ADDRESS        |  |                                |                       |                      |                     |                         |  |
| STREET ADDRESS<br>CITY-S1-ZIP*  | P. O. BOX 502<br>SEBRING, FL 33871   |  | CITY-ST-ZiP                   | -  |                                |                       |                      |                     |                         |  |
| TITLE   | S                                    | Delete   | TITLE                         | S  | ***                            |                       |                      | Change              | Addition                |  |
| NAME  | LITTLEFIELD, MERI J                  | ,  | NAME                          | Joh  | n E. Deer                      | :                     |                      |                     |                         |  |
| STREET ADDRESS  | P. O. BOX 502                        |  | STREET ADDRESS<br>CITY-ST-ZIP | 114  | 2 01d <sup>F</sup> t           | Green Rd              |                      |                     |                         |  |
| CITY-SI-ZIP   | SEBRING, FL 33871                    | ☐ Delete   | TILE                          | Wau  | <del>chula, F</del> l          | <del>- 33873-</del> ' | <del>7710</del>      | Change              | Addition                |  |
| NAME  |                                      | □ Delete   | NAME                          |  |                                |                       | _                    | - 0                 |                         |  |
| STREET ADDRESS  |                                      |  | STREET ADDRESS                |  |                                |                       |                      |                     |                         |  |
| CITY-ST-ZIP   |                                      | ☐ Delete   | CITY-ST-ZIP                   |  |                                |                       | П                    | Change              | ☐ Addition              |  |
| TITLE<br>NAME   |                                      | T PRIKE  | NAME                          |  |                                |                       | J                    |                     | _                       |  |
| STREET ADDRESS  |                                      |  | STREET ADDRESS                |  | -                              |                       |                      |                     |                         |  |
| CITY-\$T-ZIP  |                                      |  | CITY-ST-ZIP                   | 1  |                                | 71-24-02-1            | forther constitution | de s                |                         |  |
| 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 attachyrant with an address, with all othat like empowered. |                                      |  |                               |  |                                |                       |                      |                     |                         |  |