

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P07000076096

1. Entity Name  
CUT-RITE GLASS & GLAZING INC.



**FILED  
Apr 28, 2008 8:00 am  
Secretary of State**

04-28-2008 90414 050 \*\*\*150.00

Principal Place of Business  
1008 N. HOAGLAND BLVD  
KISSIMMEE, FL 34741

Mailing Address  
1008 N. HOAGLAND BLVD  
KISSIMMEE, FL 34741

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Country  
Zip  
Country

6. Name and Address of Current Registered Agent  
ELSTON, STEPHEN D  
1008 N. HOAGLAND BLVD  
KISSIMMEE, FL 34741

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)

FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD  Delete  
NAME ELSTON, STEPHEN D  
STREET ADDRESS 1008 N. HOAGLAND BLVD  
CITY-ST-ZIP KISSIMMEE, FL 34741

TITLE V  Delete  
NAME ELSTON, CORY  
STREET ADDRESS 1008 N. HOAGLAND BLVD  
CITY-ST-ZIP KISSIMMEE, FL 34741

TITLE SD  Delete  
NAME ELSTON, CHRIS  
STREET ADDRESS 1008 N. HOAGLAND BLVD  
CITY-ST-ZIP KISSIMMEE, FL 34741

TITLE  Delete  
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: *Stephen Elston*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



01292008 Chg-P CR2E034 (12/06)

4. FEI Number 26-0504562	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent
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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

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE PTD NAME ELSTON, STEPHEN D STREET ADDRESS 1008 N. HOAGLAND BLVD CITY-ST-ZIP KISSIMMEE, FL 34741	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE V NAME ELSTON, CORY STREET ADDRESS 1008 N. HOAGLAND BLVD CITY-ST-ZIP KISSIMMEE, FL 34741	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE SD NAME ELSTON, CHRIS STREET ADDRESS 1008 N. HOAGLAND BLVD CITY-ST-ZIP KISSIMMEE, FL 34741	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	407-343-0655 4-13-08 Daytime Phone #
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