

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000078165

Entity Name: S&R GLAZIERS, INC.

FILED
May 20, 2008
Secretary of State

Current Principal Place of Business:

4676 NORTH POWERLINE RD.
DEERFIELD BEACH, FL 33073

New Principal Place of Business:

Current Mailing Address:

4676 NORTH POWERLINE RD.
DEERFIELD BEACH, FL 33073

New Mailing Address:

FEI Number: 26-0500976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CELESTE, SALVATORE A
1919 SW NEWPORT ISLES BLVD
PORT ST LUCIE, FL 34953 US

Name and Address of New Registered Agent:

CELESTE, SALVATORE A
1900 S OCEAN BLVD
UNIT 3E
LAUDERDALE BY THE SEA, FL 33062 US

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.

SIGNATURE: SALVATORE A. CELESTE

05/20/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CELESTE, SALVATORE A
Address: 1919 SW NEWPORT ISLES BLVD
City-St-Zip: PORT ST LUCIE, FL 34953

Title: D (X) Delete
Name: CHURKOO, RICHARD
Address: 1919 SW NEWPORT ISLES BLVD
City-St-Zip: PORT ST LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CELESTE, SALVATORE A
Address: 4676 POWERLINE ROAD
City-St-Zip: POMPANO BEACH, FL 33073

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALVATORE A. CELESTE

P

05/20/2008

Electronic Signature of Signing Officer or Director

Date