

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90048 033 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                         |                                                                                                                     |                                                                                                                                                                         |                                                                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P07000102261</b><br>1. Entity Name<br><b>A GLASS PRO OF FLORIDA INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                         |                                                                                                                     |                                                                                                                                                                         |                                                                                              |  |
| Principal Place of Business<br><b>3103 VALLEY VISTA CIR.<br/>LAKELAND, FL 33812</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                                                                                                     | Mailing Address<br><b>3103 VALLEY VISTA CIR.<br/>LAKELAND, FL 33812</b>                                                                                                 |                                                                                              |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                         | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                                                       |                                                                                                                                                                         | <b>66007394</b><br>                                                                          |  |
| City & State<br><br>Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                         | City & State<br><br>Zip                                                                                             |                                                                                                                                                                         | 4. FEI Number<br><b>13-4364704</b><br>Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                         | <b>\$8.75 Additional Fee Required</b>                                                                               |                                                                                                                                                                         |                                                                                              |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WESTCOTT, TERRY<br/>3103 VALLEY VISTA CIR.<br/>LAKELAND, FL 33812</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                         |                                                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____<br><small>Signature, typed or printed name of registered agent and fee applicable (NOTE: Registered Agent's signature required when re-registering)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                         |                                                                                                                     |                                                                                                                                                                         |                                                                                              |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                         |                                                                                              |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                         |                                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                   |                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | P.D.<br>WESTCOTT, TERRY<br>3103 VALLEY VISTA CIR.<br>LAKELAND, FL 33812 |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VP D<br>WESTCOTT, CHRIS<br>3103 VALLEY VISTA CIR.<br>LAKELAND, FL 33812 |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                         |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                         |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                         |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                         |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>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 all other like empowered. |                                                                         |                                                                                                                     |                                                                                                                                                                         |                                                                                              |  |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                         |                                                                                                                     | 1-31-08 963-559-8222                                                                                                                                                    |                                                                                              |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                         |                                                                                                                     |                                                                                                                                                                         |                                                                                              |  |