## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000064702

Entity Name: A-Z WAKULLA GLASS INC

FILED Mar 10, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

717 WAKULLA AARRON ROAD 767 WAKULLA AARRON RD CRAWFORDVILLE, FL 32327 CRAWFORDVILLE, FL 32327

**Current Mailing Address: New Mailing Address:** 

POST OFFICE BOX 1138 767 WAKULLA AARRON RD CRAWFORDVILLE, FL 32327 CRAWFORDVILLE, FL 32327

FEI Number: 80-0211609 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

HART, DANIEL NICHOLS, FRED 16 UNIVERSAL DRIVE 767 WAKULLA AARRON RD. CRAWFORDVILLE, FL 32327 CRAWFORDVILLE, FL 32327 US 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: FRED NICHOLS 03/10/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFO () Delete Title: (X) Change ( ) Addition

HART, DANIEL HART, DANIEL Name: Name: POST OFFICE BOX 1138 767 WAKULLA AARRON RD Address:

Address: City-St-Zip: CRAWFORDVILLE, FL 32327 City-St-Zip: CRAWFORDVILLE, FL 32327

Title: Title: () Delete (X) Change ( ) Addition NICHOLS, FRED Name: NICHOLS, FRED

Name:

717 WAKULLA AARRON ROAD 767 WAKULLA AARRON ROAD Address: Address: CRAWFORDVILLE, FL 32327 CRAWFORDVILLE, FL 32327 City-St-Zip: City-St-Zip:

Title: Title: (X) Change ( ) Addition () Delete

CAMPBELL, BRENT SMITH, SILAS J 3RD Name: Name: 717 WAKULLA AARRON ROAD 89 DOLLY DR Address: Address:

City-St-Zip: CRAWFORDVILLE, FL 32327 City-St-Zip: CRAWFORDVILLE, FL 32327

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: FRED NICHOLS CEO 03/10/2009