

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000064702

Entity Name: A-Z WAKULLA GLASS INC

**FILED**  
**May 01, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

767 WAKULLA AARRON RD  
CRAWFORDVILLE, FL 32327

## **New Principal Place of Business:**

52 SERAFINO LN  
CRAWFORDVILLE, FL 32327

## **Current Mailing Address:**

767 WAKULLA AARRON RD  
CRAWFORDVILLE, FL 32327

## **New Mailing Address:**

52 SERAFINO LN  
CRAWFORDVILLE, FL 32327

FEI Number: 80-0211609

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

NICHOLS, FRED  
767 WAKULLA AARRON RD.  
CRAWFORDVILLE, FL 32327 US

## **Name and Address of New Registered Agent:**

NICHOLS, FRED  
52 SERAFINO LN  
CRAWFORDVILLE, FL 32327 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

05/01/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: CEO  
Name: NICHOLS, FRED  
Address: 767 WAKULLA AARRON RD  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: P  
Name: NICHOLS, FRED  
Address: 52 SERAFINO LN  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGRM  
Name: NICHOLS, FRED  
Address: 52 SERAFINO LN  
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby 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 all other like empowered.

SIGNATURE: FRED NICHOLS

CEO

05/01/2011

Electronic Signature of Signing Officer or Director

Date