

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P08000100574

1. Entity Name
SIMPLY ARCHITECTURAL GLASS, INC.



Principal Place of Business
101 INDUSTRIAL LOOP NORTH
ORANGE PARK, FL 32073

Mailing Address
731 DUVAL STATION ROAD
SUITE 107-401
JACKSONVILLE, FL 32218

2. Principal Place of Business - No P.O. Box #

731 Duval Station Rd.
Suite, Apt. #, etc.
SUITE 107-401

City & State
JAX. FL 32218

32218

Country
USA

3. Mailing Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

05062010

Chg-P

CR2E034 (11/08)

4. FEI Number

26-3678781

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HODGES, BETTY S
101 INDUSTRIAL LOOP NORTH
ORANGE PARK, FL 32073

7. Name and Address of New Registered Agent

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 fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 24, 2010**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HODGES, BETTY S
101 INDUSTRIAL LOOP NORTH
ORANGE PARK, FL 32073

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY - ST - ZIP

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/10 904-669-8317
Date Daytime Phone #

FILED

10 MAY 28 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1/29/10