2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 17, 2008 08:00 AM Secretary of State DOCUMENT # P27711 1. Entity Name NELSON GLASS COMPANY, INC. Principal Place of Business Mailing Address 2213 6TH AVE. SOUTH 2213 6TH AVE. SOUTH BIRMINGHAM, AL 35233 BIRMINGHAM, AL 35233 01152008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 63-0495796 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JURSINSKI, KEVIN F., ESQ. DO NOT WRITE SUITE 402 BARNETT CENTRE 2000 MAIN ST. IN THIS SPACE FT MYERS, FL 33901 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 title if applicable. (NOTE: Registered Agent signature required when rainstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PΩ TITLE DICKINSON, FRANK A. NAME STREET ADDRESS 2213 6TH AVE., S. CITY-ST-ZIP BIRMINGHAM, AL CEO TITLE NELSON, FRED A., JR. 000000787512 01/18/08-80002-024 150.00 NAME STREET ADDRESS 2213 6TH AVE., S. CITY-ST-ZIP BIRMINGHAM, AL NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP1 7

12. Thereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this proof tas required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

SIGNATURE: Truck Holler

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DISECTOR

15/08 205-162

FILED