

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000017846

FILED  
Apr 20, 2004  
Secretary of State

Entity Name: ON-SITE GLASS ETCHING COMPANY, INC.

## Current Principal Place of Business:

5197 NW 15 ST  
STE 210  
MARGATE, FL 33063

## New Principal Place of Business:

20574 CAROUSEL CIR W  
BOCA RATON, FL 33434

## Current Mailing Address:

5197 NW 15 ST  
STE 210  
MARGATE, FL 33063

## New Mailing Address:

20574 CAROUSEL CIR W  
BOCA RATON, FL 33434

FEI Number: 65-0402080

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

JONES, JAMES A  
20574 CAROUSEL CIR W  
BOCA RATON, FL 33434

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: TM ( ) Delete  
Name: JONES, DAVID  
Address: 8271 BOCA RIO DR  
City-St-Zip: BOCA RATON, FL 33433

Title: ST ( ) Delete  
Name: JONES, DAVID  
Address: 8271 BOCA RIO DRIVE  
City-St-Zip: BOCA RATON, FL 33433

Title: PD ( ) Delete  
Name: JONES, JAMES A  
Address: 20574 CAROUSEL CIR W  
City-St-Zip: BOCA RATON, FL 33434

Title: VC ( ) Delete  
Name: JONES, BRUCE A  
Address: 126 SEA ISLAND TERR.  
City-St-Zip: BOCA RATON, FL 33431

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TM (X) Change ( ) Addition  
Name: JONES, DAVID  
Address: 5935 ASTURIAN TRAIL  
City-St-Zip: LAKE WORTH, FL 33467

Title: ST (X) Change ( ) Addition  
Name: JONES, DAVID  
Address: 5935 ASTURIAN TRAIL  
City-St-Zip: LAKE WORTH, FL 33467

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID JONES

TM

04/20/2004

Electronic Signature of Signing Officer or Director

Date