## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000017846

Title:

Name:

Address:

City-St-Zip:

VC

JONES, BRUCE A

126 SEA ISLAND TERR.

BOCA RATON, FL 33431

( ) Delete

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

FILED Apr 25, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3300 S. CONGRESS AVE SUITE 17 BOYNTON BEACH, FL 33426 **New Mailing Address: Current Mailing Address:** 5935 ASTURIAN TRAIL 3300 S. CONGRESS AVE SUITE 17 LAKE WORTH, FL 33467 BOYNTON BEACH, FL 33426 FEI Number: 65-0402080 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JONES, JAMES A 20574 ĆAROUSEL CIR W BOCA RATON, FL 33434 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition JONES, DAVID Name: Name: 5935 ASTURIAN TRAIL Address: Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: Title: Title: ST () Delete () Change () Addition Name: JONES, DAVID Name: 5935 ASTURIAN TRAIL Address: Address: LAKE WORTH, FL 33467 City-St-Zip: City-St-Zip: Title: Title: PD ( ) Delete () Change () Addition JONES, JAMES A Name: Name: 20574 CAROUSEL CIR W Address: Address: City-St-Zip: BOCA RATON, FL 33434 City-St-Zip:

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DAVID A JONES ST 04/25/2008

() Change () Addition