

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000031602

1. Entity Name
JERRY'S COMPLETE AUTO GLASS, INC.



Principal Place of Business
620 LITHIA PINCREST ROAD
BRANDON, FL 33511 US

Mailing Address
203 S. PARSONS AVE.
BRANDON, FL 33511 US

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PIERCE, M. WEBSTER
203 S. PARSONS AVE.
BRANDON, FL 33511

01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3180066	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

2. FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	SNELLING, JERRY
STREET ADDRESS	620 LITHIA PINCREST ROAD
CITY-ST-ZIP	BRANDON, FL
TITLE	VP
NAME	SNELLING, CARLA
STREET ADDRESS	620 LITHIA PINCREST ROAD
CITY-ST-ZIP	BRANDON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Jerry W. Snelling*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-654-
X 1-15-04 0603
Date Daytime Phone #