

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000062716

FILED
Apr 14, 2008
Secretary of State

Entity Name: ALBERSON'S TILE ROOF GLAZE, INC.

Current Principal Place of Business:

13750 HIGHLAND RD
WIMAUMA, FL 33575 US

New Principal Place of Business:

Current Mailing Address:

HCR 64 BOX 6639
CASSVILLE, MO 656256463 US

New Mailing Address:

FEI Number: 59-3201656

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYETTE, MICHAEL C EA
6611 BOYETTE ROAD
WESLEY CHAPEL, FL 335443882 US

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: VTD () Delete
Name: ALBERSON, WILLIAM A SR.
Address: HCR 64 BOX 6639
City-St-Zip: CASSVILLE, MO 656256463

Title: V () Delete
Name: FORLIFER, THOMAS W
Address: 13570 HIGHLAND RD
City-St-Zip: WIMAUMA, FL 33598

Title: PSD () Delete
Name: ALBERSON, MICHELLE D
Address: HCR 64 BOX 6639
City-St-Zip: CASSVILLE, MO 656256463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: ALBERSON, WILLIAM A SR.
Address: HCR 64 BOX 6639
City-St-Zip: CASSVILLE, MO 656256463

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

Title: TREA (X) Change () Addition
Name: ALBERSON, MICHELLE D
Address: HCR 64 BOX 6639
City-St-Zip: CASSVILLE, MO 656256463

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.

SIGNATURE: WILLIAM A ALBERSON SR

PSD

04/14/2008

Electronic Signature of Signing Officer or Director

Date