

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000063724

1. Entity Name
FLEET AUTO GLASS SERVICES, INC.



Principal Place of Business
1402 PROVINCE TOWN CIR
LUTZ, FL 33549

Mailing Address
PO BOX 2266
LUTZ, FL 33548



01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3267869

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FREY, PHILIP J
1402 PROVINCE TOWN CIR
LUTZ, FL 33549

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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, or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

000000596781
01/24/07-80010-002 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
FREY, PHILIP J
1402 PROVINCETOWN CIRCLE
LUTZ, FL 33549

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
FREY, MARK D
16213 FANTASIA DRIVE
TAMPA, FL 33624

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
FREY, APRIL
16213 FANTASIA DRIVE
TAMPA, FL 33624

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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

April L. Frey April L. Frey (Secretary) 1/18/07 813 949-5959