## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000044455

Entity Name: STAINED GLASS FANTASY, INC.

FILED Apr 19, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

12591 COUNTRY EAGLE LANE 1110 NE PINE ISLAND ROAD CAPE CORAL, FL 33909

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CAPE CORAL, FL 33909

**Current Mailing Address: New Mailing Address:** 

12591 COUNTRY EAGLE LANE 1110 NE PINE ISLAND ROAD CAPE CORAL, FL 33909

CAPE CORAL, FL 33909

FEI Number: 65-0599202 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:

BARNES, BRUCE J BARNES, BRUCE J PRES C/O STAINED GLASS FANTASY, INC. 15 SW 18 AVE

12591 COUNTRY EAGLE LANE CAPE CORAL, FL 33991 US

CAPE CORAL, FL 33909 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: BRUCE J BARNES 04/19/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

BARNES, BRUCE J BARNES, BRUCE J Name: Name: 12591 COUNTRY EAGLE LANE 15 SW 18 AVE Address: Address: City-St-Zip: CAPE CORAL, FL 33909 City-St-Zip: CAPE CORAL, FL 33991

( ) Delete Title: Title: (X) Change ( ) Addition

Name: BARNES, AMY J Name: BARNES, AMY J 12591 COUNTRY EAGLE LANE Address: 15 SW 18 AVE Address:

CAPE CORAL, FL 33909 CAPE CORAL, FL 33991 City-St-Zip: 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: BRUCE J. BARNES **PRES** 04/19/2005