



FILED
Mar 05, 2007 8:00 am
Secretary of State

01-19-2007 90032 021 ****50.00
03-05-2007 90053 031 ****100.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000055341		
1. Entity Name GLASSWORKS PROPERTIES, INC.		
Principal Place of Business 2517 HOLLY POINT, EAST ORANGE PARK, FL 32073	Mailing Address 2517 HOLLY POINT, EAST ORANGE PARK, FL 32073	
DO NOT WRITE IN THIS SPACE		01082007 No Chg-P' CR2E034 (11/05)
		4. FEI Number 59-3328356 Applied For <input checked="" type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HAND, JACK G JR. 200 W. FORSYTH STREET SUITE 1020 JACKSONVILLE, FL 32202		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 _____ <small>Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DORSCH, JERRY A 2517 HOLLY POINT, EAST ORANGE PARK, FL 32073	
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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: 		1-8-07 904-264-2039 Date Daytime Phone #