
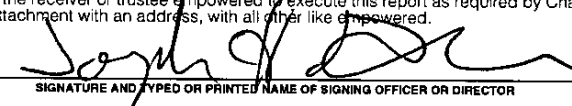


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90023 019 ***150.00

DOCUMENT # P95000056077 1. Entity Name JOSEPH H. GLASS, INC.			
Principal Place of Business 1060 SW MARTIN DOWNS BLVD 7605 SW MARTIN HWY PALM CITY, FL 34990		Mailing Address 1060 SW MARTIN DOWNS BLVD PO BOX 2463 PALM CITY FL 34991	
2. Principal Place of Business 7605 SW MARTIN HWY Suite, Apt. #, etc.		3. Mailing Address PO BOX 2463 Suite, Apt. #, etc.	
City & State Palm City, FL		City & State Palm City, FL	
Zip 34990		Zip 34991	
Country US		Country US	
4. FEI Number 59-3328695		Applied For <input 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 GLASS, JOSEPH H 1060 SW MARTIN DOWNS BLVD PALM CITY, FL 34990		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1022 TIBURON WAY City PALM CITY FL 34990	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLASS, JOSEPH H 1060 SW MARTIN DOWNS BLVD PALM CITY, FL 34990	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1022 TIBURON WAY PALM CITY FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLASS, DEBRA C 1060 SW MARTIN DOWNS BLVD PALM CITY, FL 34990	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1022 TIBURON WAY PALM CITY FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		3-22-06 772-287-8666	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	