
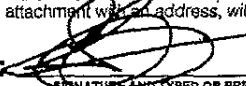



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000066560 Entity Name GLASCO, INC.		
Principal Place of Business 3595 TRAVIS PLACE TITUSVILLE, FL 32780		Mailing Address P.O BOX 730 TITUSVILLE, FL 32781-0730
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CHEHAYEB, DONNA 3595 TRAVIS PLACE TITUSVILLE, FL 32780		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 title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> _____ 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HATOUM, LELA S 2199 ARNOLD PALMER DRIVE TITUSVILLE, FL 32796	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CHEHAYEB, DONNA 3595 TRAVIS PLACE TITUSVILLE, FL 32780	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-15-06  323 6754 <small>Date Daytime Phone #</small>



04142006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3332819

Applied For
Not Applicable

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

U00000520182
05/02/06-80086-002 150.00

**DO NOT WRITE
IN THIS SPACE**