## 2008 FOR PROFIT CORPORATION

## Feb 15, 2008-08:00 AN **ANNUAL REPORT Secretary of State** DOCUMENT # P96000004021 1. Entity Name CHAMBERS GLASS SYSTEMS, INC. Mailing Address 1 Principal Place of Business 604 W. UNIVERSITY AVE. 604 W. UNIVERSITY AVE. DELAND, FL 32720 DELAND, FL 32720 No Chg-P CR2E034 (11/05) 02052008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3358877 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHAMBERS, IRVIN DO NOT WRITE 604 W. UNIVERSITY AVE. **DELAND, FL 32720** 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, typed or printed name of registered agent and title it applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be 'FILE NOW!!! FEE IS \$150.00 U00000828949 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 <u> /26/08-80021-019 1</u>50. OFFICERS AND DIRECTORS 10. TITLE CHAMBERS, IRVIN NAME 604 W UNIVERSITY AVE STREET ADDRESS CITY - ST-ZIP DELAND, FL 32720 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME er amending the first STREET ADDRESS a din a dada din bi

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 of 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 thereoliver or trustee employered 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 otherlike empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 💃

**FILED**