


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000048414**  
 1. Entity Name  
**AFFORDABLE GLASS PROTECTION, INC.**



Principal Place of Business  
 2555 MICHIGAN ST  
 W. MELBOURNE, FL 32904

Mailing Address  
 2555 MICHIGAN ST  
 W. MELBOURNE, FL 32904



02142006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3455091** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**JACKSON, VAN R**  
**2555 MICHIGAN ST**  
**W. MELBOURNE, FL 32904**

**DO NOT WRITE IN THIS SPACE**

6. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VPO
NAME	CHAMPION, RICKIE
STREET ADDRESS	2555 MICHIGAN ST
CITY - ST - ZIP	W. MELBOURNE, FL 32904
TITLE	VPM
NAME	FLYNN, DARREN
STREET ADDRESS	1848 HIGHLAND AVE
CITY - ST - ZIP	MELBOURNE, FL 32935
TITLE	P
NAME	JACKSON, VAN R
STREET ADDRESS	2555 MICHIGAN ST
CITY - ST - ZIP	W. MELBOURNE, FL 32904
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000463241  
 03/21/06-80069-004 150.00

**DO NOT WRITE IN THIS SPACE**

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:  3/8/06 321-288-0176  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #