

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 08:00 A
Secretary of State

DOCUMENT # P98000025241

1. Entity Name
WES PAUL AUTO GLASS, INC.



Principal Place of Business
**7921 SASSER LANE
PENSACOLA, FL 32526**

Mailing Address
**7921 SASSER LANE
PENSACOLA, FL 32526**



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3502182

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PAUL, JAMES WESLEY
7921 SASSER LANE
PENSACOLA, FL 32526**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **PAUL, JAMES WESLEY**
STREET ADDRESS **7921 SASSER LANE**
CITY-ST-ZIP **PENSACOLA, FL 32526**

TITLE **D**
NAME **PAUL, EUNICE**
STREET ADDRESS **7921 SASSER LN**
CITY-ST-ZIP **PENSACOLA, FL 32526**

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03/19/08-80037-020 150.00

**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:

James Wesley Paul **JAMES WESLEY PAUL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-944-5448