


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90046 022 \*\*\*150.00

<b>DOCUMENT # P98000033647</b>	
1. Entity Name <b>CREATIVE GLASSWORKS OF JACKSONVILLE BEACH FLORIDA, INC.</b>	

Principal Place of Business <b>1875 MEALY ST. SO. ATLANTIC BEACH, FL 32233</b>	Mailing Address <b>1875 MEALY ST. SO. ATLANTIC BEACH, FL 32233</b>
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2. Principal Place of Business - No P.O. Box # <b>1985 MAYPORT RD</b>	3. Mailing Address <b>1985 MAYPORT RD.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



03062008 Chg-P CR2E034 (12/06)

City & State <b>ATLANTIC BEACH, FL</b>	City & State <b>ATLANTIC BEACH, FL</b>
Zip <b>32233</b>	Country <b>USA</b>
Zip <b>32233</b>	Country <b>USA</b>

4. FEI Number <b>59-3505848</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>REBER, KIRK C 1875 MEALY STREET SOUTH ATLANTIC BEACH, FL 32233</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) <b>1985 MAYPORT RD</b>	
City <b>ATLANTIC BEACH</b>	Zip Code <b>FL 32233</b>

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  **KIRK REBER President** **3/6/08**  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P REBER, KIRK C 2062 ST. MARTINS DRIVE WEST JACKSONVILLE, FL 32246</b> <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
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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:  **KIRK REBER** **3/6/08** **(904) 247-0064**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #