

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90006 044 ***150.00

DOCUMENT # P98000089483

1. Entity Name

HERITAGE GLASS & WINDOW, INC.



Principal Place of Business

2615 NW 1 AV C
HIGH SPRINGS FL 32643

Mailing Address

2615 NW 1 AV C
HIGH SPRINGS FL 32643

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 3207

City & State

High Springs, FL

4. FEI Number

59-3539674

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MELFI, MARY C
1215 S.E. ELM STREET
HIGH SPRINGS FL 32643

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME MELFI, ROBERT E
STREET ADDRESS 1215 S.E. ELM STREET
CITY-ST-ZIP HIGH SPRINGS FL 32643

TITLE VP ☐ Delete
NAME BLELLO, WILLIAM A
STREET ADDRESS 380 N HWY 441 NORTH
CITY-ST-ZIP HIGH SPRINGS FL 32643

TITLE S ☐ Delete
NAME MELFI, MARY C
STREET ADDRESS 1215 S.E. ELM STREET
CITY-ST-ZIP HIGH SPRINGS FL 32643

TITLE T ☐ Delete
NAME BIELLO, SHERRI L
STREET ADDRESS RT. 2 BOX 380
CITY-ST-ZIP HIGH SPRINGS FL 32643
Resigned 1-5-04

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPresident ☒ Change ☐ Addition
NAME 1215 SE Elm St.
STREET ADDRESS High Springs, FL
CITY-ST-ZIP 32643

TITLE President ☒ Change ☐ Addition
NAME 380 N Hwy 441
STREET ADDRESS High Springs, FL
CITY-ST-ZIP 32643

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
Resigned 1-5-04

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Mary C Melfi Mary C. Melfi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

386454-0420