

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90035 012 \*\*\*158.75

44024389



<b>DOCUMENT # P98000097729</b> 1. Entity Name <b>IMPACT SECURITY GLASS COMPANY</b>					
Principal Place of Business <b>1555 PALM BEACH LAKES BLVD. #1100</b> <b>WEST PALM BEACH, FL 33401 US</b>				Mailing Address <b>1555 PALM BEACH LAKES BLVD. #1100</b> <b>WEST PALM BEACH, FL 33401 US</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		03172004    Chg-P    CR2E034 (10/03)	
City & State  Zip    Country		City & State  Zip    Country		4. FEI Number <b>65-0876451</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>GAMMON, NANNETTE</b> <b>1555 PALM BEACH LAKES BLVD. #1100</b> <b>WEST PALM BEACH, FL 33401</b>			7. Name and Address of New Registered Agent Name <b>E. Llwyd Ecclestone</b> Street Address (P.O. Box Number is Not Acceptable) <b>1555 Palm Beach Lakes Blvd</b> Suite 1100 City <b>West Palm Beach</b> <b>FL</b> Zip Code <b>33401</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     DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC E. LLWYD ECCLESTONE 1555 PALM BEACH LAKES BLVD. #1100 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SMITH, PATRICK 762 RIDER ROAD BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARINO, ARTHUR 1555 PALM BEACH LAKES BLVD, #1100 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT COOPER, RON 1555 PALM BEACH LAKES BLVD, #1100 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAMMON, NANNETTE 1555 PALM BEACH LAKES BLVD., #1100 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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: <b>Ron Cooper</b>			4/1/04    561/686-2000		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date    Daytime Phone #</small>		