

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90074 050 ***150.00

DOCUMENT # P98000105962

1. Entity Name
TEAM AUTO GLASS, INC.



Principal Place of Business
**3207 N US HWY 1
FORT PIERCE, FL 34946**

Mailing Address
**3207 N US HWY 1
FORT PIERCE, FL 34946**

20017031



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02192005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0884815

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, JUSTIN R
434 21ST PLACE SE
VERO BEACH, FL 32962**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/23/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SMITH, JUSTIN R**
STREET ADDRESS **434 21ST PLACE SE**
CITY-ST-ZIP **VERO BEACH, FL 32962**

TITLE **P** ☒ Change ☐ Addition
NAME **Smith, Justin R**
STREET ADDRESS **434 21st Place SE**
CITY-ST-ZIP **VERO BEACH, FL 32962**

TITLE **V** ☐ Delete
NAME **IVY, KEVIN M**
STREET ADDRESS **710 FLORIDA AVE**
CITY-ST-ZIP **FORT PIERCE, FL 34950**

TITLE **V** ☐ Change ☐ Addition
NAME **IVY, KEVIN M**
STREET ADDRESS **710 FLORIDA AVE**
CITY-ST-ZIP **FORT PIERCE, FL 34950**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/05 772-468 8248