


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90017 015 \*\*\*150.00

**DOCUMENT # P99000028678**

1. Entity Name  
**ACCURATE GLASS & DOOR, INC.**




Principal Place of Business Mailing Address  
**P.O. BOX 3077 BONITA SPRINGS FL 34133** **P.O. BOX 3077 BONITA SPRINGS FL 34133**

2. Principal Place of Business Suite, Apt. #, etc.  
**Suite, Apt. #, etc.**

3. Mailing Address Suite, Apt. #, etc.  
**Suite, Apt. #, etc.**

City & State City & State  
**Zip Country Zip Country**



MOORE CR2E034 (11/03)

4. FEI Number **65-0911999** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
~~COGBURN, LISA~~  
~~8870 COLONNADES COURT W., #334~~  
~~BONITA SPRINGS FL 34135~~

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**18250 Heather Rd.**  
**Ft. Myers, FL 33912**  
 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 *Lisa Cogburn* **LISA Cogburn** **2-23-04**  
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	<input type="checkbox"/> Delete
NAME	COGBURN, WILLIAM P	
STREET ADDRESS	8870 COLONNADES COURT W., #334	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cogburn, William P.	
STREET ADDRESS	18250 Heather Rd.	
CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *William P. Cogburn* **2-23-04** **239 272 9668**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #