

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
**P.O. BOX 3077
BONITA SPRINGS FL 34133**

Mailing Address
**P.O. BOX 3077
BONITA SPRINGS FL 34133**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**COGBURN, LISA
8870 COLONNADES COURT W., #334
BONITA SPRINGS FL 34135**

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*
Signature, typed or printed name of registered agent and title if applicable.

LISA Cogburn
(NOTE: Registered Agent signature required when reinstating)

2-23-04
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
COGBURN, WILLIAM P
8870 COLONNADES COURT W., #334
BONITA SPRINGS FL 34135** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
Cogburn, William P.
18250 Heather Rd.
Ft. Myers, FL 33912** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-04 *239 272 9668*
Date Daytime Phone #