


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90055 050 ***150.00

DOCUMENT # P99000048148

1. Entity Name
CHRIS FIBERGLASS INC.



Principal Place of Business Mailing Address

2699 S. PARK RD 2699 S PARK RD
 PEMBROKE PARK, FL 33009 PEMBROKE PARK, FL 33009



2. Principal Place of Business 3. Mailing Address

2558 10th Street *2558 10th Street*

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 108 *Suite 108*

City & State City & State

Sarasota, FL *Sarasota, FL*

Zip Country Zip Country

34237 *USA* *34237* *USA*

01082004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

65-0922324 Not Applicable

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

6. Name and Address of Current Registered Agent

PLANTE, RENE
 2699 S PARK ROAD
 PEMBROKE PARK, FL 33009

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]* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PLANTE, RENE	
STREET ADDRESS	2699 S PARK RD	
CITY - ST - ZIP	PEMBROKE PARK, FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROCHETTE, CHRISTIANE	
STREET ADDRESS	2699 S PARK RD	
CITY - ST - ZIP	PEMBROKE PARK, FL 33009	
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		<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
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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: *[Signature]* Date: *1/20/04* Daytime Phone #: *954-445-5183*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR