

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90199 043 \*\*\*150.00

**DOCUMENT # S95127**

1. Entity Name  
DON'S GLASS, INC.



Principal Place of Business  
1033 CLAYTON RD  
JACKSONVILLE, FL 32205

Mailing Address  
1033 CLAYTON RD  
JACKSONVILLE, FL 32205

94062808

2. Principal Place of Business  
12821 Old Plank Rd  
Suite, Apt. #, etc.

3. Mailing Address  
12821 Old Plank Rd  
Suite, Apt. #, etc.

04172004 Chg-P CR2E034 (10/03)

City & State  
Jacksonville, FL

City & State  
Jacksonville, FL

Zip  
32220

Country  
Duval

Zip  
32220

Country  
Duval

4. FEI Number  
59-3093905

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
STEPHENS, DONALD G.  
1033 CLAYTON RD  
JACKSONVILLE, FL 32205

7. Name and Address of New Registered Agent  
Name  
Donald G Stephens  
Street Address (P.O. Box Number is Not Acceptable)  
12821 Old Plank Rd  
City  
Jacksonville FL Zip Code  
32220

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: *Donald G Stephens* OWNER (NOTE: Registered Agent signature required when reinstating)

DATE: 4-21-04

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD STEPHENS, DONALD G. 1033 CLAYTON RD JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Stephens, Donald G 12821 Old Plank Rd Jacksonville, FL 32220 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROWLEY, MARK 1033 CLAYTON RD JACKSONVILLE, FL 32205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEPHENS, JEFFREY R. 1033 CLAYTON RD JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Stephens, Jeffrey R 12821 Old Plank Rd Jacksonville, FL 32220 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Donald G Stephens* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 4-21-04 DATE

DAYTIME PHONE: 1-904-7817354 DAYTIME PHONE #