

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 MAY 27 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S95127

1. Entity Name
DON'S GLASS, INC.



Principal Place of Business
12821 OLD PLANK RD.
JACKSONVILLE, FL 32220

Mailing Address
12821 OLD PLANK RD.
JACKSONVILLE, FL 32220

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05052004

Chg-P

CR2E034 (10/03)

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.
12821 OLD PLANK RD.
JACKSONVILLE, FL 32220

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME STEPHENS, DONALD G.
STREET ADDRESS 12821 OLD PLANK RD.
CITY-ST-ZIP JACKSONVILLE, FL 32220

TITLE S ☒ Delete
NAME ROWLEY, MARK
STREET ADDRESS 1033 CLAYTON RD
CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE VP ☐ Delete
NAME STEPHENS, JEFFREY R.
STREET ADDRESS 12821 OLD PLANK RD.
CITY-ST-ZIP JACKSONVILLE, FL 32220

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME 700037578647
STREET ADDRESS 06/02/04--01052--003 **61.25
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME S
STREET ADDRESS Stephens, Jeffrey R
CITY-ST-ZIP 12821 Old Plank Rd
JACKSONVILLE, FL 32220

TITLE ☐ Change ☒ Addition
NAME VP
STREET ADDRESS James O. Pearson
CITY-ST-ZIP 3406 Glen St
JACKSONVILLE, FL 32254

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 a title like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/04

Date

904-545-4208

Daytime Phone #