


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # V06779	
1. Entity Name ARCHITECTURAL GLASS AND GLAZING CORPORATION	

Principal Place of Business 100 INDUSTRIAL LOOP ORANGE PARK, FL 32073 US	Mailing Address 100 INDUSTRIAL LOOP ORANGE PARK, FL 32073 US
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01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3104544	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BERGMANN, KENNETH R. 100 INDUSTRIAL LOOP ORANGE PARK, FL 32073
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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

U000000112588
04/14/04-80028-023 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BERGMANN, KENNETH R. 100 INDUSTRIAL LOOP ORANGE PARK, FL 32073
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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:  **Ken Bergmann, Pres** 4/13/04 (904)269-7666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #