


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-23-2004 90265 006 \*\*\*158.75

<b>DOCUMENT # V24225</b>			
1. Entity Name <b>DESIGNER GLASS INC.</b>			
Principal Place of Business <b>680 KINGSLEY AVENUE ORANGE PARK FL 32073 US</b>		Mailing Address <del>1416 KINGSLEY AVE</del> <del>ORANGE PARK FL 32073</del>	
2. Principal Place of Business		3. Mailing Address <b>680 Kingsley Avenue</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Orange Park, FL</b>	
Zip	Country	Zip	Country
		<b>32073</b>	<b>USA</b>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<del>KING, DAVID A. ATTORNEY AT LAW 1416 KINGSLEY AVENUE ORANGE PARK FL 32073</del>		Name <b>Henry Mastalski</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>680 Kingsley Avenue</b>	
		City <b>Orange Park,</b>	
		State <b>FL</b>	
		Zip Code <b>32073</b>	
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 <i>Henry Mastalski</i>		DATE <b>2-13-04</b>	
Signature, typed or printed name of registered agent and title if applicable. <b>Henry Mastalski, Registered Agent</b>		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	DPS MASTALSKI, HENRY 6247 BERMUDA DR ORANGE PARK FL <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	D BALSAMO, STEVEN J. 6329 ISLAND FOREST DRIVE ORANGE PARK FL <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	D BALSAMO, TINA A. 6329 ISLAND FOREST DRIVE ORANGE PARK FL <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
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

**24053492**



MOORE CR2E034 (11/03)

4. FEI Number **59-3119308** Applied For  
Not Applicable

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

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:** *Henry Mastalski*  
**Henry Mastalski, President**

**2-13-04**

Date

Daytime Phone #