


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V52029</b> 1. Entity Name <b>SHORE LINE CUSTOM GLASS CO., INC.</b>	
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Principal Place of Business <b>1133 INDUSTRIAL BLVD NAPLES, FL 34104 US</b>	Mailing Address <b>1183 INDUSTRIAL BLVD SUITE 23 NAPLES, FL 34104 US</b>
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**DO NOT WRITE IN THIS SPACE**



02242005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0347056</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>BIFARO, CLIFFORD M. 3523 25TH AVE SW NAPLES, FL 34104</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000355258 05/03/05-80140-011 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS BIFARO, CLIFFORD M. 3523 25TH AVE SW NAPLES, FL 34104
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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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #