

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90029 003 ***150.00



DOCUMENT # P02000021182

1. Entity Name
A-1 GLASS WORKS, INC.

Principal Place of Business: **7526A MCELVEY PANAMA CITY BEACH FL 32407**
 Mailing Address: **2905 LAURIE AVENUE PANAMA CITY BEACH FL 32408**

2. Principal Place of Business: **125 GWYN DRIVE**
 Suite, Apt. #, etc.
 3. Mailing Address: **P.O. Box 19196**
 Suite, Apt. #, etc.



1st MOORE CR2E034 (10/04)

City & State: **PANAMA CITY BEACH FLORIDA**
 Country: **BAY**
 Zip: **32408**

4. FEI Number: **30-0048664**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
FLESCHE, RONALD
2905 LAURIE AVENUE
PANAMA CITY BEACH FL 32408

7. Name and Address of New Registered Agent
 Name: **RONALD FLESCHE**
 Street Address (P.O. Box Number is Not Acceptable): **125 GWYN DRIVE**
PANAMA CITY BEACH
 City: **FL** Zip Code: **32408**

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: **RONALD FLESCHE** *Ronald Flesch* **02-08-2005**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FLESCHE, RONALD 2905 LAURIE AVENUE PANAMA CITY BEACH FL 32408 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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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: *Ronald Flesch* **RONALD FLESCHE** **02-08-2005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #