2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #325336

1. Entity Name

QUALITY GLASS & MIRROR INC



FILED Jan 23, 2008 08:00 AN Secretary of State

Principal Place of Business

121 NE 33 AVENUE GAINESVILLE, FL 32609 Mailing Address

121 NE 33 AVENUE GAINESVILLE, FL 32609



DO I	TON	WR	ITE	IN	THIS	SPA	CE
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01032008 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 59-1210628 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

YAXLEY, DOROTHY M 8815 NW 4TH PL GAINESVILLE, FL 32607

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YAXLEY, DOROTHY M 8815 NW 4TH PLACE GAINESIVLLE, FL 32607				U00000791882 01/23/08-80093-017 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS YAXLEY, LINDA M 1032 SW 78TH TERR GAINESVILLE, FL 32607						
NAME STREET ADDRESS CITY-ST-ZIP	V YAXLEY, RICHARD H POB 30, 104 SWAN LAKE TRAIL MELROSE, FL 32666			DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS							

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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.

-Linda M. Yaxley/Sect. & Trs.

SIGN	IAI U	KE:	برج ح

City-St-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/04/2008 Daytime Phone #