


**FILED****Jul 08, 2005 08:00 AM**  
**Secretary of State****2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # 380575</b> 1. Entity Name <b>CAPE CORAL GLASS &amp; MIRROR, INC.</b>			
Principal Place of Business <b>873 SE 47 ST CAPE CORAL, FL 33904</b>		Mailing Address <b>873 SE 47 ST CAPE CORAL, FL 33904</b>	
<div style="border: 1px solid black; width: 100%; height: 100%; background-color: #f0f0f0; display: flex; align-items: center; justify-content: center;"> <b>DO NOT WRITE IN THIS SPACE</b> </div>			
4. FEI Number <b>59-1324922</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>REYNOLDS, ROBERT S 873 SE 47TH ST CAPE CORAL, FL 33904</b>		<div style="border: 1px solid black; width: 100%; height: 100%; background-color: #f0f0f0; display: flex; align-items: center; justify-content: center;"> <b>DO NOT WRITE IN THIS SPACE</b> </div>	
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 _____ <small>Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when withdrawing)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	PD	<div style="border: 1px solid black; width: 100%; height: 100%; background-color: #f0f0f0; display: flex; align-items: center; justify-content: center;"> <b>DO NOT WRITE IN THIS SPACE</b> </div>	
NAME	REYNOLDS, ROBERT S		
STREET ADDRESS	873 S. E. 47TH ST.		
CITY- ST- ZIP	CAPE CORAL, FL 33904		
TITLE	STD		
NAME	DILL, JOSEPH D		
STREET ADDRESS	873 S. E. 47TH ST.	<div style="border: 1px solid black; width: 100%; height: 100%; background-color: #f0f0f0; display: flex; align-items: center; justify-content: center;"> <b>DO NOT WRITE IN THIS SPACE</b> </div>	
CITY- ST- ZIP	CAPE CORAL, FL 33904		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<div style="border: 1px solid black; width: 100%; height: 100%; background-color: #f0f0f0; display: flex; align-items: center; justify-content: center;"> <b>DO NOT WRITE IN THIS SPACE</b> </div>	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS		<div style="border: 1px solid black; width: 100%; height: 100%; background-color: #f0f0f0; display: flex; align-items: center; justify-content: center;"> <b>DO NOT WRITE IN THIS SPACE</b> </div>	
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f) 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			
<b>SIGNATURE:</b> <u>Robert S. Reynolds</u>		6/29 239 542 1151	