2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 412871

FILED Jan 15, 2008 Secretary of State

Entity Name: CENTRAL FLORIDA GLASS & MIRROR, INC.

Current Principal Place of Business:		e of Business:	New Principal Place of Business:	
	27 SOUTH , FL 33870			
Current Mailing Address:		ss:	New Mailing Address:	
	27 SOUTH , FL 33870			
FEI Number	: 59-1423980	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of (Current Registered Agent:	Name and Address of	of New Registered Agent:
	, DONALD E. AMMOCK RD			
ZOLFO SI	PRINGS, FL 3	:3890 US		
The above	·		purpose of changing its registere	ed office or registered agent, or both,
The above	e named entity e of Florida. RE:	submits this statement for the		
The above n the Stat SIGNATU	e named entity e of Florida. RE: Electro	submits this statement for the		od office or registered agent, or both, Date
The above n the Stat SIGNATU Election Ca	e named entity e of Florida RE: Electro mpaign Financin	submits this statement for the nic Signature of Registered A	gent	Date
The above n the Stat SIGNATU Election Ca	e named entity e of Florida. RE: Electro	submits this statement for the nic Signature of Registered A	gent	
The above n the Stat SIGNATU Election Ca	e named entity e of Florida. RE:Electro mpaign Financin	submits this statement for the nic Signature of Registered A or Trust Fund Contribution (). CTORS:) Delete NALD E OCK RD	gent	Date
The above n the Status SIGNATU Election Ca OFFICER Fitle: Name: Address:	e named entity e of Florida. RE: Electro mpaign Financin S AND DIREC PD (MADDOX, DOI 9474 N HAMM ZOLFO SPRIN VD (MADDOX, MAF 9474 N HAMM	submits this statement for the nic Signature of Registered Ang Trust Fund Contribution (). CTORS:) Delete NALD E OCK RD IGS, FL 33890) Delete RIA D	gent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA D. MADDOX VP 01/15/2008