

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
May 08, 2006 8:00 am
Secretary of State**

05-08-2006 90282 045 ***150.00

DOCUMENT # 489281

1. Entity Name
D & A GLASS & MIRROR, INC.



Principal Place of Business
1022 10TH ST.
ST. CLOUD, FL 34769

Mailing Address
1022 10TH ST.
ST. CLOUD, FL 34769

40087130.



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1633567	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FITZPATRICK, DENISE L
6386 JESS COURT
SAINT CLOUD, FL 34771

**DO NOT WRITE
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

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FITZPATRICK, JOSEPH O
STREET ADDRESS	6386 JESS COURT
CITY-ST-ZIP	SAINT CLOUD, FL 34771
TITLE	STD
NAME	FITZPATRICK, DENISE L
STREET ADDRESS	6386 JESS COURT
CITY-ST-ZIP	SAINT CLOUD, FL 34771
TITLE	VP
NAME	SWANSON, RICHARD ANDREW
STREET ADDRESS	2513 KALLY WOOD CIRCLE
CITY-ST-ZIP	SAINT CLOUD, FL 34772
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

4-28-06 407-892-5158

Date

Daytime Phone #