


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90112 020 ***150.00

DOCUMENT # 673174 1. Entity Name TRI-CITY GLASS & MIRROR, INC.	
--	---

Principal Place of Business 8435-1 AFTON LANE PORT RICHEY, FL 34668	Mailing Address 8435-1 AFTON LANE PORT RICHEY, FL 34668
---	---

DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2005861	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent QUINN, BILLY 3447 CALERA DRIVE HOLIDAY, FL 34690
--

**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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT QUINN, BILLY 3447 CALERA DRIVE HOLIDAY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S QUINN, BART 7517 JASMINE BLVD PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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: Billy Quinn **PRESIDENT** 1-11-08 727-847-6852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #