


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90277 025 \*\*\*150.00

<b>DOCUMENT # F67968</b> 1. Entity Name <b>PORT ST. LUCIE GLASS &amp; MIRROR, INC.</b>					
Principal Place of Business <b>1419 SE VILLAGE GREEN DR. PORT ST. LUCIE FL 34952 US</b>			Mailing Address <b>1419 SE VILLAGE GREEN DR. PORT ST. LUCIE FL 34952 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-2159871</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				1st MOORE CR2E034 (10/04)	
6. Name and Address of Current Registered Agent  <b>SUCATO, ROSARIO JOSEPH SR 1209 S.W. LIVE OAK COVE PT ST LUCIE FL 34986</b>				7. Name and Address of New Registered Agent Name <b>Michael A. Sucato, SR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>310 SE FISK Rd.</b> City <b>Port St. Lucie</b> FL Zip Code <b>34984</b>	
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 <b>Michael A. Sucato, SR.</b> <i>Treas/Secretary</i> <b>4-11-05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>SUCATO, ROSARIO J., SR.</b> <b>1419 SE VILLAGE GREEN DR</b> <b>PORT ST. LUCIE FL</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS <b>SUCATO, CECILE</b> <b>1419 SE VILLAGE GREEN DR</b> <b>PORT ST. LUCIE FL</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>SUCATO, ROSARIO JR.</b> <b>1419 SE VILLAGE GREEN DR</b> <b>PORT ST. LUCIE FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Rosario Sucato, Jr.</b> <b>1419 SE Village Green Dr.</b> <b>Port St. Lucie, FL 34952</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Joseph C. Sucato, Sr.</b> <b>1419 SE Village Green Dr.</b> <b>Port St. Lucie, FL 34952</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treas./Secretary</b> <b>Michael A. Sucato, SR.</b> <b>1419 SE Village Green Dr.</b> <b>Port St. Lucie, FL 34952</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <b>Joseph Sucato</b> <b>4-11-05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					