

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F67968**

1. Entity Name  
**PORT ST. LUCIE GLASS & MIRROR, INC.**



Principal Place of Business  
**1419 SE VILLAGE GREEN DR.  
PORT ST. LUCIE, FL 34952 US**

Mailing Address  
**1419 SE VILLAGE GREEN DR.  
PORT ST. LUCIE, FL 34952 US**



02272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2159871**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SUCATO, MICHAEL A SR  
310 SE FISK RD  
PORT SAINT LUCIE, FL 34984**

**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, 2007 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	SUCATO, ROSARIO JR.
STREET ADDRESS	1419 SE VILLAGE GREEN DR
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952
TITLE	VP
NAME	SUCATO, JOSEPH L
STREET ADDRESS	1419 SE VILLAGE GREEN DR
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952
TITLE	ST
NAME	SUCATO, MICHAEL A SR
STREET ADDRESS	1419 SE VILLAGE GREEN DR
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/29/07-80007-008 158.75

**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 SIGNING OFFICER OR DIRECTOR

*Michael Sucato* 3/14/07 (772) 335-7272

Date

Daytime Phone #