# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 12, 2004 8:00 am**
**Secretary of State**
04-12-2004 90672 036 ***150.00

DOCUMENT # G06173

1. Entity Name
GARY'S QUALITY MIRRORS & GLASS, INC.

Principal Place of Business
~~4709 DISTRIBUTION CT #1~~ 407 Bi Ct. Unit B
ORLANDO, FL ~~32822~~ 32809

Mailing Address
~~4709 DISTRIBUTION CT #1~~ 407 Bi Ct Unit B
ORLANDO, FL ~~32822~~ 32809

94050521

03182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2226054 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

CARRUTHERS, GARY D.
4121 ALBRITTON RD
ST CLOUD
SAINT CLOUD, FL 34772

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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 Gary D. Carruthers Gary D. Carruthers 4-9-04
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, 2004 Fee will be $550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | DP |
| NAME | CARRUTHERS, GARY D |
| STREET ADDRESS | 4121 ALBRITTON RD |
| CITY-ST-ZIP | SAINT CLOUD, FL 34772 |
| TITLE | ~~DVS~~ vice president |
| NAME | CARRUTHERS, GLENDA E |
| STREET ADDRESS | 4121 ALBRITTON RD |
| CITY-ST-ZIP | SAINT CLOUD, FL 34772 |
| TITLE | asst. VP |
| NAME | Dallas Carruthers |
| STREET ADDRESS | 4161 Albritton Road |
| CITY-ST-ZIP | St Cloud, FL 34772 |
| TITLE | secretary / treasurer |
| NAME | Jennifer Carruthers |
| STREET ADDRESS | 4161 Albritton Rd. |
| CITY-ST-ZIP | St 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 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:** Gary D. Carruthers Gary D. Carruthers 4-9-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #