

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # G06173**

1. Entity Name

GARY'S QUALITY MIRRORS & GLASS, INC.



Principal Place of Business

407 BIF CT  
UNIT B  
ORLANDO FL 32809

Mailing Address

407 BIF CT  
UNIT B  
ORLANDO FL 32809

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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*  
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/24/05*

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	CARRUTHERS, GARY D	
STREET ADDRESS	4121 ALBRITTON RD	
CITY-STATE-ZIP	SAINT CLOUD FL 34772	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARRUTHERS, GLENDA E	
STREET ADDRESS	4121 ALBRITTON RD	
CITY-STATE-ZIP	SAINT CLOUD FL 34772	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	CARRUTHERS, DALLAS	
STREET ADDRESS	4161 ALBRITTON ROAD	
CITY-STATE-ZIP	SAINT CLOUD FL 34772	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CARRUTHERS, JENNIFER	
STREET ADDRESS	4161 ALBRITTON RD	
CITY-STATE-ZIP	SAINT CLOUD FL 34772	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UN00000201119	
STREET ADDRESS	01/28/05-80026-010 158.75	
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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:

*Jennifer Carruthers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

*1/24/05 (407)857-91684*