2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # G25210 01-16-2007 90262 004 ***150.00 1. Entity Name LAKE GLASS & MIRROR, INC. Principal Place of Business Mailing Address 3391 W MAIN ST 5000030**n** 3391 W MAIN ST LEESBURG, FL 34748 LEESBURG, FL 34748 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052007 Chg-P CR2E034 (12/06) City & State City & State Applied For 4. FEI Number 59-2260364 Not Applicable Country Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOLIEK, R. RICHARD 1403 SPRING LAKE ROAD Street Address (P.O. Box Number is Not Acceptable) FRUITLAND PARK, FL 34731 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition **BOLIEK, R. RICHARD** NAME STREET ADDRESS 1403 SPRING LAKE ROAD (P.O. BOX 681) STREET ADDRESS CITY-ST-ZIP FRUITLAND PARK, FL 34731 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAME **BOLIEK, GLENDA** NAME 1403 SPRING LAKE ROAD (P.O. BOX 681) STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FRUITLAND PARK, FL 34731 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME BOLIEK, BERT NAME Bert Boliek STREET ADDRESS **4313 SERENE CIRCLE** 706 Mound St. Leesburg, Fl 34748 STREET ADDRESS CITY-ST-ZIP FRUITLAND PARK, FL 34731 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P Delete TITLE ☐ Change Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

R. Richard Boliek, Ares. 01/10/07 352-797-4700

FILED

Jan 16, 2007 8:00 am