

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 28, 2008 08:00 AM
Secretary of State**

DOCUMENT # G29500	
1. Entity Name SATURNO GLASS & MIRROR, INC.	

Principal Place of Business % JOHN A. SATURNO 6310 GEORGIA AVE. WEST PALM BEACH FL 33405	Mailing Address % JOHN A. SATURNO 6310 GEORGIA AVE. WEST PALM BEACH FL 33405
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 59-2297742	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SATURNO, JOHN A. 980 RYANWOOD DR. WEST PALM BEACH FL 33413	
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7. Name and Address of New Registered Agent	
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 _____ DATE _____
Signature: I, the undersigned, have not been limited power of attorney. I am a Registered Agent and have signed when applicable.

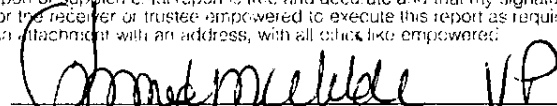
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PTD ☐ Delete
NAME	SATURNO, JOHN A.
STREET ADDRESS	980 RYANWOOD DR.
CITY-STATE-ZIP	W. PALM BEACH FL
TITLE	VSD ☐ Delete
NAME	SATURNO, TRUDIE L.
STREET ADDRESS	980 RYANWOOD DR.
CITY-STATE-ZIP	W. PALM BEACH FL
TITLE	VP ☐ Delete
NAME	WILDE, TRUDIE M
STREET ADDRESS	191 SPRINGDALE CIR
CITY-STATE-ZIP	PALM SPGS FL 33461
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000843205
03/11/08-80060-023 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 checks like empowered.

SIGNATURE:  **VP** **2-26-08 (561)5330761**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR