

2004 FOR PROFIT CORPORATION ANNUAL REPORT

1318C

FILED

04 JUL -7 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05052004 No Chg-P CR2E034 (10/03)

DOCUMENT # G58746	
1. Entity Name ST. LAURENT GLASS & MIRROR, INC.	
Principal Place of Business 1801-HYPOLUXO ROAD UNIT D-3 LANTANA, FL 33462 US	Mailing Address 1801-HYPOLUXO RD. UNIT D-3 LANTANA, FL 33462 US



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2318798	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ST. LAURENT, YVON 8545 TOURMALINE BLVD. BOYNTON BEACH, FL 33437-9419

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 \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ST. LAURENT, YVON G. 8545 TOURMALINE BLVD. BOYNTON BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ST. LAURENT, NORMA A. 8545 TOURMALINE BLVD. BOYNTON BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

400038950304
07/09/04--01068--004 **150.00

DO NOT WRITE
IN THIS SPACE

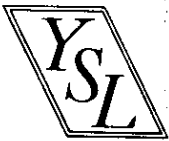
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



St. Laurent Glass & Mirror Inc.

ps 272

July 6/2004

Florida Department of State
Division of Corporations
P.O.Box 6327
Tallahassee, FL.

Att.-Tina Roberts
Document Specialist.

Dear Tina,

at the time your letter #704 A 00030 was sent
to us I was in Manchester, N.H. for an extended stay and
it is only recently that I have taken notice of this
correspondance. June 30 At that time, I spoke with Cathy in
your Division explaining this happening.

We regret this delay in being able to update our
corporation status and we are returning the check originally
sent to you on April 27/2004 along with the signed document
as required

We thank you for your cooperation in this matter,
and we remain,

Yours sincerely,

St-Laurent Glass & Mirror Inc.

YSL/nf

Store Front

Custom
Mirrored
Walls

Shower &
Tub
Enclosures

Bi-Fold &
Sliding
Mirrored
Closet
Doors

Glass
Enclosures
For Patios

Table Tops

Glass Repairs
of all
Kinds

Insulated
Glass Units

Medicine
Cabinets

561 704 2264