


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H94584</b> 1. Entity Name <b>GOLDEN GLASS &amp; MIRROR, INC.</b>	
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Principal Place of Business <b>605 NW 53RD AVE</b> <b>SUITE A-4</b> <b>GAINESVILLE, FL 32609 US</b>	Mailing Address <b>605 NW 53RD AVENUE</b> <b>SUITE A-4</b> <b>GAINESVILLE, FL 32609 US</b>
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04262006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2654338</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>DEFFENBAUGH, GEORGE</b> <b>605 NW 53RD AVENUE, SUITE A-4</b> <b>GAINESVILLE, FL 32609</b>
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**DO NOT WRITE IN THIS SPACE**

6. 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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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U00000552054

05/13/06-80124-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT DEFFENBAUGH, GEORGE 114 MCMEEKIN LAKE LANE HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS FULGHAM, MARVIN D. 605 NW 53RD AVE SUITE A-4 GAINESVILLE, FL
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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 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.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <b>4/24/06</b>	Daytime Phone #: <b>352-378-6152</b>
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