

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # J83314

1. Entity Name  
SOUTHEAST GLASS AND MIRROR, INC.



Principal Place of Business  
603 US HWY 41 S  
RUSKIN, FL 33570 US

Mailing Address  
603 US HWY 41 S  
RUSKIN, FL 33570 US

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**



04232005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2835488

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

SHERWOOD, THOMAS J. ESQ.  
701 U.S. 41 S.  
RUSKIN, FL 33570

**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 \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PT
NAME	PITTS, JAMES R.
STREET ADDRESS	10614 COUNTY RD CR 672
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	V
NAME	GRAVES, RICHARD S.
STREET ADDRESS	217 - 6TH AVENUE, S.E.
CITY-ST-ZIP	RUSKIN, FL 33570
TITLE	S
NAME	GRAVES, LORETTA
STREET ADDRESS	217 6TH AVE. SE
CITY-ST-ZIP	RUSKIN, FL 33570
TITLE	T
NAME	GRAVES, SYLVIA
STREET ADDRESS	607 7TH ST. SW
CITY-ST-ZIP	RUSKIN, FL 33570
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000340650  
04/28/05-80126-003 150.00

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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

JAMES R. PITTS PRES 4/24/05 813-645-3370

Date

Daytime Phone #