

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90012 048 \*\*\*158.75

**DOCUMENT # K67788**

1. Entity Name

GLASS AND MIRROR CRAFTERS INC.



Principal Place of Business

18829 US 19  
HUDSON FL 34667

Mailing Address

18829 US 19  
HUDSON FL 34667



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2932191

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

TYLER, MICHAEL E  
5460 BELLVIEW AVE  
NEW PORT RICHEY FL 34652

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when transferring.)

DATE

**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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	TYLER, MICHAEL E	
STREET ADDRESS	5460 BELLVIEW AVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	S	<input type="checkbox"/> Delete
NAME	TYLER, BETH A	
STREET ADDRESS	5460 BELLVIEW AVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	TYLER, BETH A	
STREET ADDRESS	5460 BELLEVIEW AVE.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 other limitations.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Tyler Pres 3-3108 727863-2881

Date

Designation

ATTACHMENT

50002537

# K67788

## **Glass & Mirror Crafters, Inc.**

16646 Scheer Blvd. Hudson, Florida 34667

1(800) 872-3202 or 1(727) 863-2881

Fax: 1(727) 861-3454

K67788

3-31-08

**We have moved.**

Our new address is:

16646 Scheer Blvd.  
Hudson, Florida 34667.

All phone numbers will stay the same.