

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 09, 2005 8:00 am**  
**Secretary of State**

08-09-2005 90002 027 \*\*\*150.00

**DOCUMENT # K76474**

1. Entity Name  
**PERSONAL TOUCH GLASS & MIRROR INC.**



Principal Place of Business  
1599 SW 30TH AVE  
#10  
BOYNTON BEACH, FL 33426

Mailing Address  
1599 SW 30TH AVE  
#10  
BOYNTON BEACH, FL 33426

**50060674**



07202005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0119380

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

PASSANISI, JOHN F  
1027 SW 25TH AVE  
BOYNTON BEACH, FL 33426

**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

*John F. Passanisi*

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

(NOTE: Registered Agent signature required when reinstating)

*8-2-05*

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
PASSANISI, JOHN F  
1027 SW 25TH AVE  
BOYNTON BEACH, FL 33426

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MS  
PASSANISI, MARY ANN  
3729 NW 35TH STE  
COCONUT CK, FL 33066

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

**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:**

*John F. Passanisi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8-2-05 SW 732-SS32*  
Date Daytime Phone #