

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L00602

1. Entity Name
ALPHA OMEGA GLASS & MIRROR, INC.



Principal Place of Business
151 CARSWELL AVE
HOLLY HILL, FL 32117 US

Mailing Address
151 CARSWELL AVE
HOLLY HILL, FL 32117 US



03172005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2958060

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

CONLAN, RALPH E.
275 COUNTRY CIRCLE DRIVE EAST
PORT ORANGE, FL 32128

**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 PD
NAME CONLAN, RALPH E.
STREET ADDRESS 275 COUNTRY CIRCLE DRIVE EAST
CITY-ST-ZIP PORT ORANGE, FL 32128

TITLE ST
NAME CONLAN, PATRICIA J
STREET ADDRESS 275 COUNTRY CIRCLE DRIVE EAST
CITY-ST-ZIP PORT ORANGE, FL 32128

TITLE V
NAME CONLAN, MATTHEW D
STREET ADDRESS 6604 DENEAH COURT
CITY-ST-ZIP PORT ORANGE, FL 32128

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000269297
03/19/05-80005-015 150.00

**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)(l), 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

3/17/2005 386-239-9521
Date Daytime Phone #