

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 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
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DO NOT WRITE IN THIS SPACE



04122007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2958060	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CONLAN, RALPH E. 275 COUNTY 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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CONLAN, RALPH E. 275 COUNTY CIRCLE DRIVE EAST PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CONLAN, PATRICIA J 275 COUNTY CIRCLE DRIVE EAST PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CONLAN, MATTHEW D 6604 DENEAH COURT 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	

**DO NOT WRITE
IN THIS SPACE**

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04/24/07-80107-018 150.00

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: <u>Patricia J Conlan</u>	PATRICIA J CONLAN	4/12/07	386-239-9524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #