


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # M72836
 1. Entity Name
 NORTH FLORIDA GLASS & MIRROR, INC.



Principal Place of Business _____ Mailing Address _____
 10 NW 2ND ST PO BOX 1376
 HIGH SPRINGS, FL 32643 US ALACHUA, FL 32616

DO NOT WRITE IN THIS SPACE



01212005 No Chg-P CR2E034 (10/03)

4. FEI Number **59-2878424** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 STARK, CHARLES F.
 11718 NW 157 ST
 ALACHUA, FL 32615

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P
NAME	STARK, CHARLES F.
STREET ADDRESS	11718 NW 157ST
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	V
NAME	STARK, DEBORAH M.
STREET ADDRESS	11718 NW 157ST
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	S
NAME	JOHNSON, CHAD
STREET ADDRESS	15704 NW 118 PL.
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	T
NAME	JOHNSON, VIRGINIA
STREET ADDRESS	15704 NW 118 PL.
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/12/05-80018-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Charles F. Stark Date: 4/11/05 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR