


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000045839
1. Entity Name
UNIVERSAL GLASS & MIRROR, INC.



Principal Place of Business Mailing Address
504 E VENICE AVE 504 E VENICE AVE
VENICE, FL 34285 US VENICE, FL 34285 US

DO NOT WRITE IN THIS SPACE



04032005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1004311 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MOGFORD, EDMUND III
504 E VENICE AVE
VENICE, FL 34285

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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	PD
NAME	MOGFORD, EDMUND III
STREET ADDRESS	205 W THE CORSO
CITY-ST-ZIP	VENICE, FL 34285
TITLE	VD
NAME	MOGFORD, EDMUND JR
STREET ADDRESS	613 GRANADA AVE
CITY-ST-ZIP	VENICE, FL 34285
TITLE	SD
NAME	MOGFORD, MARTIN
STREET ADDRESS	332 SHORE RD
CITY-ST-ZIP	VENICE, FL 34285
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/13/05-80016-022 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: _____ Date: 4-7-05 Daytime Phone #: 941-416-3848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR