### 2007 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # P00000084273

1. Entity Name

DRIVER GLASS & MIRROR, INC.



Principal Place of Business

1326 S RIDGEWOOD AVENUE

SUITE #18
DAYTONA BEACH, FL 32114

Mailing Address

1326 S RIDGEWOOD AVENUE SUITE #18

DAYTONA BEACH, FL 32114

FILED
Mar 15, 2007 08:00 AM
Secretary of State



### DO NOT WRITE IN THIS SPACE

01082007 No Chg-P C

CR2E034 (11/05)

4. FEI Number 59-3673461

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, JOHN M 1326 S RIDGEWOOD AVENUE #18 DAYTONA BEACH, FL 32114

## DO NOT WRITE IN THIS SPACE

	ive named entity submits this statement for the partions of registered agent.	purpose of changing its registered office or registered agent, or bot	in, in the State of Florida. Tam familiar with, and accept
SIGNATURE	ESignature, typed or printed name of registered agent and title	If applicable. (NOTE Registered Agent signature required when reinstating)	DATE
	ILE NOW!!! FEE IS \$150.00 May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing  \$5.00 May Be  Trust Fund Contribution.  Added to Fees	•
10.	OFFICERS AND DIREC	CTORS	
TITLE	PST		
NAME	WILLIAMS, JOHN M	<b>⋠</b>	

1326 S RIDGEWOOD AVENUE SUITE #18 CITY - ST - ZIP DAYTONA BEACH, FL 32114 TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY - ST - ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME

U00000667073 03/26/07-80013-024 150.00

# DO NOT WRITE IN THIS SPACE

12. Thereby 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 chaptered or on a state themselved.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/07

Daytime Phone #