

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90059 040 ***150.00

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1. Entity Name

ABSOLUTE GLASS AND MIRROR, INC.



Principal Place of Business

**331 SW HOMELAND ROAD
PORT ST LUCIE, FL 34953**

Mailing Address

**331 SW HOMELAND ROAD
PORT ST LUCIE, FL 34953**

DO NOT WRITE IN THIS SPACE



01222007 No Chg-P CR2E034 (11/05)

4. FEI Number

65-1064821

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FARLEY, KENNETH
331 SW HOMELAND ROAD
PORT ST LUCIE, FL 34953**

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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, 2007 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	FARLEY, KENNETH
STREET ADDRESS	331 SW HOMELAND RD
CITY - ST - ZIP	PORT SAINT LUCIE, FL 34953
TITLE	ST
NAME	FARLEY, MARILYN J
STREET ADDRESS	331 SW HOMELAND RD
CITY - ST - ZIP	PORT SAINT LUCIE, FL 34953
TITLE	V
NAME	ETHERIDGE, BRYAN S
STREET ADDRESS	402 SE CALMOSO ST.
CITY - ST - ZIP	PORT ST. LUCIE, FL 34983
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #