


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90040 012 \*\*\*158.75

<b>DOCUMENT # P01000005662</b>	
1. Entity Name LAKE WORTH MIRROR & GLASS INC.	

Principal Place of Business 5000 LAKE WORTH RD., STE. 507-508 LAKE WORTH, FL 33463-3349	Mailing Address <del>5000 LAKE WORTH RD., STE. 507-508</del> <del>LAKE WORTH, FL 33463-3349</del> <i>PO Box 541325 L.W</i> <i>33454</i>
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01182005 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3609135	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  ELBLONK, IRA 1030 LAKE AVE. STE. C LAKE WORTH, FL 33460
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEPASQUALE, JAMES <i>SR</i> <del>4150 HOOVER HILL RD.</del> <i>225 Leland Ln</i> GREEN ACRES, FL 33463
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <del>DEPASQUALE, JAMES JR</del> <i>DePasquale</i> 225 LELAND LANE LAKE WORTH, FL 33463
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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)(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: <i>James DePasquale Sr</i>	Date: <i>1/26/05</i>	Daytime Phone #: <i>361 9679469</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		