

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90118 027 \*\*\*158.75

**DOCUMENT # P01000005662**

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

PO BOX 541325  
LAKE WORTH, FL 33454

**DO NOT WRITE IN THIS SPACE**



02072006 No Chg-P CR2E034 (11/05)

4. FEI Number

04-3609135

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~ELBOWS 1824~~  
~~1030 LAKE AVE~~  
~~ST. C~~  
~~LAKE WORTH FL 33460~~

DEPASQUALE, JAMES  
225 LELAND LANE  
LAKE WORTH, FL 33463

**DO NOT WRITE  
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

3/15/06

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME DEPASQUALE SR, JAMES  
STREET ADDRESS 225 LELAND LN  
CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE D  
NAME DEPASQUALE JR, JAMES  
STREET ADDRESS 225 LELAND LANE  
CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/06

Date

5618010271

Daytime Phone #