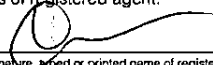
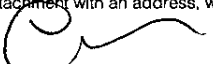


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 SEP -3 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000040363 1. Entity Name CM GLASS & MIRROR, INC.					
Principal Place of Business 200 RICH STREET VENICE, FL 34292			Mailing Address 510 BAYVIEW PKWY NOKOMIS, FL 34275		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 65-1108744	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
08302004 Chg-P CR2E034 (10/03) 					
6. Name and Address of Current Registered Agent MANN, CHARLES A JR. 1751 HIGHLAND ROAD OSPREY, FL 34229			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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:  Charles A. Mann, President 8-30-04 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MANN, CHARLES A JR. 1751 HIGHLAND ROAD OSPREY, FL 34229 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS WOLFE, PATRICIA G 1751 HIGHLAND ROAD OSPREY, FL 34229 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President William Kirt 208 Blackburn Rd Nokomis, FL 34275 ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOLFE, ANDREW O 510 BAYVIEW PKY NOKOMIS, FL 34275 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	800040970958 09/10/04--01069--016 **61.25 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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:  Charles A. Mann SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			8/30/04 941 809 3097 Date Daytime Phone #		