## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING

## Apr 19, 2006 8:00 am Secretary of State DOCUMENT # P01000040363 1. Entity Name 04-19-2006 90083 029 \*\*\*150.00 CM GLASS & MIRROR, INC. Principal Place of Business Mailing Address AUUDOORO 200 RICH STREET 510 BAYVIEW PKWY VENICE, FL 34292 NOKOMIS, FL 34275 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04082006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-1108744 Not Applicable Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Mann, Charles A Jr MANN, CHARLES A JR. 1751 HIGHLAND ROAD Street Address (P.O. Box Number is Not Acceptable) OSPREY, FL 34229 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 redistered agent SIGNATURE ore, typed or primate name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, DPT TITLE ☐ Defete TITLE Change ☐ Addition e Mann, Charles A Jr 510 Bayview Pky NOKOMIS, FL 34275 MANN, CHARLES & JR. NAME NAME STREET ADDRESS 1751 HIGHLAND ROAD STREET ADDRESS CITY-ST-ZIP **OSPREY, FL 34229** CITY-ST-ZIP VP TITLE ☐ Delete TITLE Change Addition KIRST, WILLIAM NAME NAME STREET ADDRESS 208 BLACKBURN ROAD STREET ADDRESS CITY-ST-ZIP NOKOMIS, FL 34275 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition WOLFE, ANDREW O NAME NAME STREET ADDRESS 510 BAYVIEW PKY STREET ADDRESS NOKOMIS, FL 34275 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Charles A Mann, Ir 4/8/06 941-809-3097

FILED