

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90029 046 ***150.00

DOCUMENT # P02000031996						
1. Entity Name AFFORDABLE GLASS AND MIRROR, INC.						
Principal Place of Business 2106 INDIAN SPRINGS DR JACKSONVILLE, FL 32246			Mailing Address 2106 INDIAN SPRINGS DR JACKSONVILLE, FL 32246			
2. Principal Place of Business - No P.O. Box # 1701 The Greens Way Suite, Apt. #, etc. 316		3. Mailing Address 1701 the Greens Way Suite, Apt. #, etc. 316		50000322 		
City & State Jacksonville Beach FL		City & State Jacksonville Beach FL		4. FEI Number 04-3635440		
Zip 32250		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PETRY, CAROL J 2106 INDIAN SPRINGS DR JACKSONVILLE, FL 32246			7. Name and Address of New Registered Agent			
Name PETRY, CAROL J			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 _____ (NOTE: Registered Agent signature required when reinstating)						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE V	NAME PETRY, CAROL		<input type="checkbox"/> Delete	TITLE ✓	NAME Petry, Carol	
STREET ADDRESS 2106 INDIAN SPRINGS DR	JACKSONVILLE, FL 32246		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 1701 the Greens Way # 316	Jacksonville Beach, Florida 32250	
CITY - ST - ZIP	JACKSONVILLE, FL 32246		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY - ST - ZIP	Jacksonville Beach, Florida 32250	
TITLE P	NAME PETRY, TIMOTHY		<input type="checkbox"/> Delete	TITLE ✓	NAME Petry, Timothy	
STREET ADDRESS 2106 INDIAN SPRINGS DR	JACKSONVILLE, FL 32246		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 1701 the Greens Way # 316	Jacksonville Beach, Florida 32250	
CITY - ST - ZIP	JACKSONVILLE, FL 32246		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY - ST - ZIP	Jacksonville Beach, Florida 32250	
TITLE _____	NAME _____		<input type="checkbox"/> Delete	TITLE _____	NAME _____	
STREET ADDRESS _____	_____		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS _____	_____	
CITY - ST - ZIP	_____		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY - ST - ZIP	_____	
TITLE _____	NAME _____		<input type="checkbox"/> Delete	TITLE _____	NAME _____	
STREET ADDRESS _____	_____		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS _____	_____	
CITY - ST - ZIP	_____		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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.						
SIGNATURE: <u>Carol J. Petry</u> <u>Carol J. Petry</u> <u>3-17-08</u> <u>90428593165</u>						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						