

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90010 008 ***150.00

DOCUMENT # P02000079512

1. Entity Name
TRINITY GLASS AND MIRROR, INC.



Principal Place of Business

17300 HIGHWAY 41
LUTZ, FL 33549

Mailing Address

17300 HIGHWAY 41
LUTZ, FL 33549

54063423

2. Principal Place of Business

106 CONNIE AVE

3. Mailing Address

2640 SHADE CREST RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07122004

Chg-P

CR2E034 (10/03)

City & State

TAMPA, FL

City & State

LAND O LAIRS, FL

4. FEI Number

71-0897490

Applied For

Not Applicable

Zip

33613

Country

Zip

34639

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLIGA, SCOTT
17300 HIGHWAY 41
LUTZ, FL 33549

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS HOLIGA, SCOTT
CITY-ST-ZIP 17300 HIGHWAY 41
LUTZ, FL 33640

TITLE ☐ Change ☐ Addition
NAME 2640 SHADE CREST RD
STREET ADDRESS LAND O LAIRS, FL 34639
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

X. Scott Holiga

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-04

Date

813-695-2883

Daytime Phone