## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Apr 08, 2005 08:00 AM Secretary of State DOCUMENT # P02000117110 1. Entity Name J & M AUTO GLASS & UPHOLSTERY, INC. Principal Place of Business Mailing Address 500 GARDEN ST. TITUSVILLE FL 32796 500 GARDEN ST. TITUSVILLE FL 32796 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) Applied For Cîty & State 4. FE! Number City & State 14-1854098 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WEIDNER, DAVID ALLAN Street Address (P.O. Box Number is Not Acceptable) 4580 ROSEHILL AVE TITUSVILLE FL 32780 Zip Code City FL 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition Change TITLE ם ☐ Delete HTLE NAME NAME WEIDNER, DAVID A U000000294**0**81 STREET ADDRESS 4580 ROSEHILL AVE STREET ADDRESS 04/08/05-80055-018 150.00 TITUSVILLE FL 32780 CITY-ST-ZIF CITY - ST-ZIP Change ☐ Addition ☐ Delete TITLE WEIDNER, NANCY B NAME STREET ADDRESS STREET ADDRESS 4580 ROSEHILL AVE CITY-ST-ZIP TITUSVILLE FL 32780 CITY-ST-ZIP Change ☐ Addition THLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE THILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHIY-SI-ZIP Change ☐ Addition III1£ TITLE ☐ Delete MAME STREET ADDRESS STREET ADDRESS CITY ST-7F CITY-ST-ZIP Change ☐ Addition ☐ Delete THE TITLE 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 exemption stated in Section 119.07(3)(f), 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 of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered

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