



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90133 040 \*\*\*150.00

<b>DOCUMENT # P03000007763</b>					
<b>1. Entity Name</b> AFFORDABLE AUTO GLASS & MIRROR, INC					
<b>Principal Place of Business</b> 9001 LEM TURNER RD JACKSONVILLE, FL 32208			<b>Mailing Address</b> 9001 LEM TURNER RD JACKSONVILLE, FL 32208		
<b>2. Principal Place of Business</b> 9037 Lem Turner Rd Suite, Apt. #, etc.		<b>3. Mailing Address</b> 9037 Lem Turner Rd Suite, Apt. #, etc.			
<b>City &amp; State</b> Jacksonville FL		<b>City &amp; State</b> Jacksonville, FL		<b>4. FEI Number</b> 71-0926456	
<b>Zip</b> 32208		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  COLEMAN, PAUL 17435 COLEMAN LN HILLIARD, FL 32046				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>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.</b> SIGNATURE: <u>Paul E. Coleman</u> <span style="float: right;">3/12/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> COLEMAN, PAUL 17435 COLEMAN LN HILLIARD, FL 32046	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VP</b> COLEMAN, AMY 17435 COLEMAN LN. HILLIARD, FL 32046	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Paul E. Coleman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-12-06 <span style="float: right;">904-713-8831</span> <small>Date Daytime Phone #</small>		