


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000043911	
1. Entity Name PERFECT CHOICE GLASS AND MIRROR, INC.	

Principal Place of Business 4244 NORTH RD FRUITLAND, FL 34731	Mailing Address 4244 NORTH RD FRUITLAND, FL 34731
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01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number 56-2353507	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CLARK, AMY 4244 NORTH RD FRUITLAND, FL 34731
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**DO NOT WRITE
IN THIS SPACE**

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: Amy L. Clark **4-8-05**
Signature typed or printed name of registered agent and FCI if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD CLARK, MICHAEL 4244 NORTH RD FRUITLAND, FL 34731
TITLE NAME STREET ADDRESS CITY ST ZIP	VD CLARK, AMY 4244 NORTH RD FRUITLAND, FL 34731
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05/19/05-80001-026 150.00

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Amy L. Clark Amy L. Clark **4-8-05** **352-787-2444**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #