


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90166 035 \*\*\*150.00

<b>DOCUMENT # P03000094433</b> 1. Entity Name <b>APPLE GLASS &amp; MIRROR, INC.</b>			
Principal Place of Business <b>1923 DONALD PLACE</b> <b>SOUTH DAYTONA, FL 32119</b>		Mailing Address <b>1923 DONALD PLACE</b> <b>SOUTH DAYTONA, FL 32119</b>	
2. Principal Place of Business <b>1725 So. Nova Rd.</b> Suite, Apt. #, etc. <b>Unit # B-6</b>		3. Mailing Address Suite, Apt. #, etc.  	
City & State <b>So. Daytona, FL</b>		City & State  	
Zip <b>32119</b>		Country <b>USA</b>	
4. FEI Number <b>06-1707342</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>POWERS, CONNIE</b> <b>1923 DONALD PLACE</b> <b>SOUTH DAYTONA, FL 32119</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: <u>Connie Powers</u> <u>Connie Powers</u> <u>4-6-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>POWERS, JAMES A</b> <b>1923 DONALD PLACE</b> <b>SOUTH DAYTONA, FL 32119</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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: <u>James Powers</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4-6-05</u> <u>304-7443</u> <small>Date Daytime Phone #</small>	