




2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000104212 1. Entity Name DELTONA GLASS & MIRROR, INC.					
Principal Place of Business 1646 PROVIDENCE BLVD B DELTONA, FL 32725 US			Mailing Address 172 S. INDUSTRIAL DRIVE ORANGE CITY, FL 32763 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 20-0243897				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 MULRONEY, JODY 1646 PROVIDENCE BLVD DELTONA, FL 32725			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P MULRONEY, JODY 107 E GARDENIA AVENUE ORANGE CITY, FL 32763	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: right;"> U00000928643 05/21/08-80038-003 150.00 </div>	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP MULRONEY, JASON 102 E. GARDENIA AVENUE ORANGE CITY, FL 32763	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP BORTZ, JAMES 110 HIBISCUS PARKWAY ORANGE CITY, FL 32763	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)					