
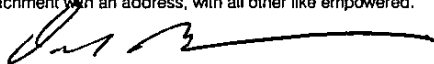


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90037 006 ***150.00

DOCUMENT # P03000112531					
1. Entity Name CURRYFORD GLASS & MIRROR, INC.					
Principal Place of Business 2230 CURRYFORD RD ORLANDO, FL 32806 US			Mailing Address 2230 CURRYFORD RD ORLANDO, FL 32806 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BENNETT, DARYL C 2230 CURRYFORD RD ORLANDO, FL 32806				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	P			TITLE	VP
NAME	BENNETT, DARYL C	<input type="checkbox"/> Delete		NAME	EMILY S. TAYLOR
STREET ADDRESS	2230 CURRYFORD RD			STREET ADDRESS	14 E. LAKE MARY DR.
CITY-ST-ZIP	ORLANDO, FL 32806			CITY-ST-ZIP	ORLANDO, FL 32839
TITLE		<input type="checkbox"/> Delete		TITLE	S
NAME				NAME	ROBERT POSEY
STREET ADDRESS				STREET ADDRESS	7913 CAUDEL RD.
CITY-ST-ZIP				CITY-ST-ZIP	ORLANDO, FL 32833
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		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)(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: 				1/31/05 4078943494	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

400110JJ



01172005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0292629 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

FL Zip Code