

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90295 024 ***150.00

DOCUMENT # P04000164691

1. Entity Name
M & M GLASS REPAIR, INC.



Principal Place of Business
**3527 AMACA CIRCLE
ORLANDO, FL 32837 US**

Mailing Address
**717 EAST OAK STREET
KISSIMMEE, FL 34744 US**

60028411



03032006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1979026

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**USSEGLIO, MARK F
3527 AMACA CIRCLE
ORLANDO, FL 32837**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	USSEGLIO, MARK F
STREET ADDRESS	3527 AMACA CIRCLE
CITY - ST - ZIP	ORLANDO, FL 32837
TITLE	SD
NAME	USSEGLIO, LYNNE T
STREET ADDRESS	3527 AMACA CIRCLE
CITY - ST - ZIP	ORLANDO, FL 32837
TITLE	TD
NAME	USSEGLIO, MARK J
STREET ADDRESS	5100 S. CLEVELAND AVE - SUITE 318
CITY - ST - ZIP	FT. MEYERS, FL 33907
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Mark Usseglio President

Date

4-10-2006 321-388-7174

Daytime Phone #