

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000121980

FILED
Apr 30, 2009
Secretary of State**Entity Name:** ATLANTIC GLASS & MIRROR, INC.**Current Principal Place of Business:**7778 ELWOOD DR.
LAKE WORTH, FL 334671811**New Principal Place of Business:****Current Mailing Address:**7778 ELWOOD DR.
LAKE WORTH, FL 334671811**New Mailing Address:****FEI Number:** 87-0753948**FEI Number Applied For** ()**FEI Number Not Applicable** ()**Certificate of Status Desired** (X)**Name and Address of Current Registered Agent:**JOHNSON, DOYLE G
7778 ELWOOD DR.
LAKE WORTH, FL 334671811 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: JOHNSON, DOYLE G
Address: 7778 ELWOOD DR.
City-St-Zip: LAKE WORTH, FL 334671811**Title:** VSD (X) Delete
Name: JOHNSON, SARIANNE
Address: 7778 ELWOOD DR.
City-St-Zip: LAKE WORTH, FL 334671811**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOYLE G JOHNSON

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date