

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000022339

FILED
Apr 13, 2009
Secretary of State

Entity Name: PRECISION AUTO GLASS AND MIRROR, INC.

Current Principal Place of Business:

6 GREENVALE DRIVE
ORMOND BEACH, FL 32174

New Principal Place of Business:

1820 NOVA ROAD
HOLLY HILL, FL 32117

Current Mailing Address:

6 GREENVALE DRIVE
ORMOND BEACH, FL 32174

New Mailing Address:

1820 NOVA ROAD
HOLLY HILL, FL 32117

FEI Number: 01-0806593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAGNALL, TIMOTHY
6 GREENVALE DRIVE
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

BAGNALL, TIMOTHY
1820 NOVA ROAD
HOLLY HILL, FL 32117 US

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:

04/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: BAGNALL, TIMOTHY
Address: 6 GREENVALE DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: T/D (X) Delete
Name: BAGNALL, SUSAN
Address: 6 GREENVALE DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: S (X) Delete
Name: BAGNALL, SUSAN
Address: 6 GREENVALE DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: BAGNALL, TIMOTHY
Address: 1820 NOVA ROAD
City-St-Zip: HOLLY HILL, FL 32117

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: TIMOTHY BAGNALL

P/D

04/13/2009

Electronic Signature of Signing Officer or Director

Date