

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000063640

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: PRO-GLAZE GLASS & MIRROR, INC.

## Current Principal Place of Business:

5771 A YOUNGQUIST RD  
FORT MYERS, FL 33912 US

## New Principal Place of Business:

## Current Mailing Address:

5771 A YOUNGQUIST RD  
FORT MYERS, FL 33912 US

## New Mailing Address:

FEI Number: 65-0437965

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, WILLIAM R  
8191 COLLEGE PARKWAY  
SUITE 204  
FORT MYERS, FL 33919 US

## Name and Address of New Registered Agent:

NICHOLS, JAMES L  
8191 COLLEGE PARKWAY  
SUITE 204  
FORT MYERS, FL 33919 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: JAMES LARRY NICHOLS

01/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WISDOM, MARK S  
Address: 1315 SE 19TH ST  
City-St-Zip: CAPE CORAL, FL 33990

Title: D ( ) Delete  
Name: THOMAS, HAROLD C JR.  
Address: 9092 SHADDOCK RD W  
City-St-Zip: SO FORT MYERS, FL 33912

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: WISDOM, MARK S  
Address: 1315 SE 19TH ST  
City-St-Zip: CAPE CORAL, FL 33990 US

Title: D (X) Change ( ) Addition  
Name: WISDOM, SHELBY D  
Address: 1315 SE 19TH ST  
City-St-Zip: CAPE CORAL, FL 33990 US

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: SHELBY WISDOM

D

01/07/2009

Electronic Signature of Signing Officer or Director

Date