2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # P93000076736

1. Entity Name

FORT MYERS GLASS & MIRROR OF SOUTHWEST FLORIDA, INC.

I LUNIDA,	,		•	1	WT TO				
Principal Place	e of Business		Mailing Address						
2431 CRYSTAL DR		2431 CRYSTAL DR							
FT MYERS FL 33907		FT MYERS FL 33907							
									*****
2. Principal P	lace of Business		3. Mailing Address	,					
Cuita Ant	# 010		Cuita Apt # ata			· · · · · · · · · · · · · · · · · · ·	••••		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E034 (11/03)				
City & State		City & State			4. FEI Number Applied For				
•					65-0251870 Not Applicable				
Zip Country		Zip Country			_ \$9.75 Additional				
				'	5. Certificate of Status Desired Fee Required				
	6. Name and	Address of Curren	t Registered Agent			7. Name and Address o	f New Registered /	Agent	
	÷	÷ • • -	,	Name	9				
BUYSSE, CATHLEEN				Stree	Street Address (P.O. Box Number is Not Acceptable)				
	1 CRYSTAL MYERS FL 3:								
	VII LING I L 3	3507							
				City				Zip Code	e
							FL		
			for the purpose of changing its	registered office	or registered	agent, or both, in the Sta	ate of Florida. I am	familiar with,	and accept '
the bungat	ions of registered	agent.			-				
SIGNATURE .									
· · · · · · · · · · · · · · · · · · ·	Signature, typed or prin	ited name of registered ager	nt and title if applicable. (NOTE	: Registered Agent sig	nature required wh	ren reinstating)	DATE		
-	ILE NOW!!! F	EE IS \$150.00				9. Election Camp	naign Financing	<b>65 U</b>	O 14 D-
		ee will be \$550.00				Trust Fund Co			May Be to Fees
Make Check	k Payable to Flo	rida Department	of State						
Make Check		orida Department OFFICERS ANI	D DIRECTORS	11.		ADDITIONS/CHANGES		DIRECTORS	SIN 11
10. TITLE	· V	OFFICERS ANI	A SECTION AND ADDRESS OF THE PROPERTY OF THE P	TITLE					
10. TITLE NAME	V BUYSSE, CATI	OFFICERS AND	D DIRECTORS	TITLE NAME				DIRECTORS	SIN 11
10. TITLE NAME STREET ADDRESS	V BUYSSE, CATI 2431 CRYSTAI	OFFICERS AND HLEEN L DR	D DIRECTORS	TITLE NAME STREET ADDRES	SS			DIRECTORS	SIN 11
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BUYSSE, CATI 2431 CRYSTAI FT MYERS FL	OFFICERS AND HLEEN L DR	D DIRECTORS  Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	os .			DIRECTORS  Change	S IN 11
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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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 additional statutes.

SIGNATURE:

GNATUR STREET TO BE EU NAME OF SIGNING OFFICER OR DIRECTO

41-26/09

275.398

Daytime Phone #

**FILED** 

Apr 30, 2004 8:00 am Secretary of State

04-30-2004 90258 027 \*\*\*150.00