

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90192 025 ***150.00

DOCUMENT # P94000073218

1. Entity Name
RADIANT GLASS AND MIRROR, INC.



Principal Place of Business
7827 CLARK MOODY BLVD
PORT RICHEY, FL 34668

Mailing Address
7624 FARMLAWN DRIVE
PORT RICHEY, FL 34668

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Port Richey FL

Zip

34668

Country

PASCO

City & State

SPRING HILL FL

Zip

34606

Country

HERNANDO

04222004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3274032

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAUER, MARK S
7624 FARMLAWN DRIVE
PORT RICHEY, FL 34668

7. Name and Address of New Registered Agent

Name MARK S LAUER

Street Address (P.O. Box Number is Not Acceptable)

8488 NORTHCLIFFE BLVD

CITY SPRING HILL

FL

Zip Code 34606

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

Mark S Lauer KATHI A. LAUER secy/treas 4/26

(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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DV
NAME LAUER, MARK S.
STREET ADDRESS 7624 FARMLAWN DRIVE
CITY-ST-ZIP PORT RICHEY, FL 34668 ☐ Delete

TITLE ST
NAME LAUER, KATHI A
STREET ADDRESS 7624 FARMLAWN DR
CITY-ST-ZIP PORT RICHEY, FL 34668 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES
NAME MARK S LAUER ☒ Change ☐ Addition
STREET ADDRESS 8488 NORTHCLIFFE BLVD
CITY-ST-ZIP SPRING HILL FL 34606

TITLE SECY/TREAS
NAME KATHI A. LAUER ☒ Change ☐ Addition
STREET ADDRESS 8488 NORTHCLIFF BLVD
CITY-ST-ZIP SPRING HILL FL --34606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

4/26/04 727 848 4815
Date Daytime Phone #