


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000085133	
1. Entity Name CITY GLASS & MIRROR, INC.	

Principal Place of Business 4200 49TH ST N ST PETERSBURG, FL 33709	Mailing Address 4200 49TH ST N ST PETERSBURG, FL 33709
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04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3278312	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

JOHNSON, EMILY J
4200 49TH ST N
ST PETERSBURG, FL 33709

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

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**

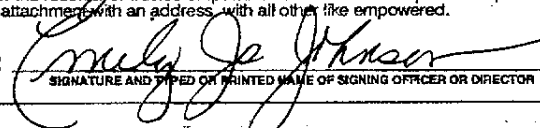
10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JOHNSON, EMILY J
STREET ADDRESS	4200 49TH ST N
CITY- ST- ZIP	ST PETERSBURG, FL 33709
TITLE	D
NAME	JOHNSON, PATRICK E
STREET ADDRESS	4200 49TH ST N
CITY- ST- ZIP	ST PETERSBURG, FL 33709
TITLE	D
NAME	JOHNSON, PATRICK ERIK
STREET ADDRESS	607 SW 27TH ST
CITY- ST- ZIP	GAINESVILLE, FL 32607
TITLE	D
NAME	JOHNSON, KANDICE M
STREET ADDRESS	607 SW 27TH ST
CITY- ST- ZIP	GAINESVILLE, FL 32607
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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04/26/04-80088-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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

4-22-04
Date Daytime Phone #