2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 16, 2007 08:00 All Secretary of State DOCUMENT # P96000058266 1. Entity Name J&J GLASS & MIRROR CORP. Principal Place of Business Mailing Address 1827 TRADE CENTER WAY 1827 TRADE CENTER WAY NAPLES FL 34109 NAPLES FL 34109 US 2. Principal Place of Business - No P O. Box # 3. Mailing Addross Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0680213 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo MURTY, TIMOTHY J 1633 PERIWINKLE WAY #A Street Address (P.O. Box Number is Not Acceptable) SANIBEL FL 33957 City Zip Code 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 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstation) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSTD IOF Delete THE STINE, JAMES G NAME NAME 811 BLUEBONNET CT STREET ADDRESS STREET ADDRESS MARCO ISLAND FL 34145 CHY-SI-ZIE CITY - ST - ZIP ши ☐ Detete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIF CITY - ST- ZIP më Delete IIIÙ □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY - ST - ZIP шт Delete ☐ Change Addition NAME NAM! STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY - ST - ZIP THILE Delete TITLE. ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP 04/25/07-80014-021 change 00 Addition 11111 ☐ Delete IIILE NAME NAME STREET ADDRESS STREET ADDRESS CUY-SI-ZIP CITY - ST - ZIP 12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath, that I am an efficier 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: JAMES G. STINE 4-11-07 (239) 597-2855