


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000058266		
1. Entity Name J&J GLASS & MIRROR CORP.		

Principal Place of Business 1827 TRADE CENTER WAY #2 NAPLES, FL 34109 US	Mailing Address 1827 TRADE CENTER WAY #2 NAPLES, FL 34109 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent MURTY, TIMOTHY J 1633 PERIWINKLE WAY #A SANIBEL, FL 33957		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD STINE, JAMES G <input type="checkbox"/> Delete 811 BLUEBONNET CT MARCO ISLAND, FL 34145	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STINE, JAMES G <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 811 BLUEBONNET CT MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPFI STINE, MARY BETH VPFINN <input type="checkbox"/> Delete 811 BLUEBONNET COURT MARCO ISLAND, FL 34145	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STINE MARY BETH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 811 BLUEBONNET CT MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WATERS, MARK N <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2039 MISSION DR NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300136580493 10/02/08--01048--005 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: James G. Stine JAMES G. STINE 9-26-08 (239) 597-2855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
08 OCT -1 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09232008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0680213	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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