2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 03, 2004 08:00 AM DOCUMENT # P97000028742 **Secretary of State** Entity Name A & B GLASS AND MIRROR OF DUNEDIN, INC. Principal Place of Business Mailing Address 947 HUNTLEY AVENUE DUNEDIN FL 34698 256 PRESIDENT STREET DUNEDIN FL 34698 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-3446138 Not Applicable Country Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PHILLIPS, WAYNE H Street Address (P.O. Box Number is Not Acceptable) 256 PRESIDENT STREET **DUNEDIN FL 34698** City Zio 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME PHILLIPS, WAYNE H NAME STREET ADDRESS 256 PRESIDENT STREET STREET ADDRESS U00000031725 02704704-80161-004 | 5Mg/U | Addition DUNEDIN FL 34698 CITY-ST-7IP CITY - ST - ZIP SD TITLE ☐ Delete TIME PHILLIPS, GAY M NAME NAME 256 PRESIDENT STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DUNEDIN FL 34698** CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-ZIP

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 attachner with an address with all other like empowered.

WAYNE PHILLIPS

SIGNATURE

FILED

734-0006