


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2007 08:00 A
Secretary of State

| | |
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| DOCUMENT # P97000029189 1. Entity Name ACCURATE GLASS & MIRROR OF JUPITER, INC. |  |
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|---|---|
| Principal Place of Business 17327 133RD TRL. N. JUPITER, FL 33478 | Mailing Address 17327 133RD TRL. N. JUPITER, FL 33478 |
|---|---|



02202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-0749390 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

KRAMER, SCOTT
6650 W. INDIANTOWN RD., STE. 200
JUPITER, FL 33458

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000661815 03/20/07-80057-007 158.75 |
|---|---|---|

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP MCGUIRE, JIM 17327 133RD TRL. N. JUPITER, FL 33478 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MCGUIRE, PATRICIA 17327 133RD TRAIL NO. JUPITER, FL 33478 |
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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____