


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000029760</b> 1. Entity Name <b>PROGRESSIVE GLASS &amp; MIRRORS INC.</b>	
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Principal Place of Business <b>PROGRESSIVE GLASS AND MIRROR 1515 CYPRESS DR JUPITER, FL 33469 US</b>	Mailing Address <b>15434 MELLE LN JUPITER, FL 33478</b>
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04242008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0740697</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>BORUCKI, STANISLAW 15434 MELLE LN JUPITER, FL 33478</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	1000000927516 05/20/08-80109-023 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BORUCKI, STANISLAW 15434 MELLE LN JUPITER, FL 33478
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BORUCKI, ALINA 15434 MELLE LN JUPITER, FL 33478
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BORUCKI, STANISLAW E 142 BLACK WATER DR HARVEST, AL 35749
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

<b>SIGNATURE:</b> <u>Stanislaw Borucki</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-23-08 Date	561-747-4246 Daytime Phone #
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STANISLAW BORUCKI