


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000056690	
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1. Entity Name
M&M GLASS & MIRROR, INC.

Principal Place of Business
790 29TH ST. SW
NAPLES, FL 34117

Mailing Address
790 29TH ST. SW
NAPLES, FL 34117



02032004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3584202

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GRIFFIN, THOMAS
790 29TH ST. SW
NAPLES, FL 34117

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000067504
02/27/04-80002-017 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GRIFFIN, THOMAS
STREET ADDRESS	790 29TH ST. SW
CITY - ST - ZIP	NAPLES, FL 34117
TITLE	VP
NAME	KERSEY, MICHAEL
STREET ADDRESS	790 29TH ST. SW
CITY - ST - ZIP	NAPLES, FL 34117
TITLE	S
NAME	THOMPSON, MAXINE
STREET ADDRESS	790 29TH ST. SW
CITY - ST - ZIP	NAPLES, FL 34117
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 exemption stated in Section 119.07(3)(f), 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:

Maxine Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-04 (239-455-4258)
Date Daytime Phone #