


**FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90010 026 ***150.00

DOCUMENT # **325510**
1. Entity Name
Hub City Glass & Mirror, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #
479 E. James Lee Blvd.

3. Mailing Address
479 E. James Lee Blvd.

Suite, Apt. #, etc.

40029851
CR2E034B (5/07)

City & State
Crestview, Florida

City & State
Crestview, FL

Zip
32539

Country
USA

Zip
32539

Country
USA

4. FEI Number
59-3049526

Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Shannon Barto


Street Address (P.O. Box Number is Not Acceptable)

3177a Tate Ln.

City
Crestview

FL Zip Code
32539

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  **Shannon Barto Manager** **2-18-08**

Signature of officer or director of registrant; agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing:
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	
NAME	P Paul A. Barto
STREET ADDRESS	6165 Antler Way
CITY - ST - ZIP	Crestview, FL 32539
TITLE	M, S, T
NAME	Shannon Barto
STREET ADDRESS	3177a Tate Ln.
CITY - ST - ZIP	Crestview, FL 32539
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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **2-18-08** **850-682-1160**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #