## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S25510

Name:

Address:

City-St-Zip:

BARTO, SHANNON

CRESTVIEW, FL 32539

31772 TATE LN .

FILED Apr 01, 2009 Secretary of State

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<b>Entity Nan</b>	ne: HUB C	ITY GLASS & MIRROR, INC.			
Current Pr	incipal Pla	ce of Business:	New Principal Plac	e of Business:	
479 E. JAMES LEE BLVD CRESTVIEW, FL 32539					
Current Ma	ailing Add	ress:	New Mailing Addre	New Mailing Address:	
479 E. JAM CRESTVIE					
FEI Number:	59-3049526	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address o	f Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
BARTO, SH 3177A TAT CRESTVIE	ELN	39 US		BARTO, PAUL A 479 E. JAMES LEE BLVD. CRESTVIEW, FL 32539 US	
The above in the State		ty submits this statement for the	purpose of changing its register	red office or registered agent, or both,	
SIGNATUR	RE: PAUL	A. BARTO		04/01/2009	
	Elect	ronic Signature of Registered Ag	ent	Date	
Election Carr	npaign Finan	cing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:		( ) Delete JL ALTON, ES LEE BLVD. V, FL 32539	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P BARTO, PAU 8165 ANTLE CRESTVIEV		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title <sup>.</sup>	MST	(X) Delete	Title <sup>.</sup>	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: PAUL A. BARTO PVST 04/01/2009