

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91016 016 \*\*\*150.00

<b>DOCUMENT # S57240</b>			
1. Entity Name <b>BAYONET POINT GLASS &amp; MIRROR, INC.</b>			
Principal Place of Business <b>16249 CORTEZ BLVD BROOKSVILLE FL 34601 US</b>		Mailing Address <b>16249 CORTEZ BLVD BROOKSVILLE FL 34601 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01016100



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent <b>GUINN, JOE 8492 FOXFIRE RD BROOKSVILLE FL 34613</b> <i>INCORRECT ADDRESS</i>		7. Name and Address of New Registered Agent Name <b>GUINN, JOE</b> Street Address (P.O. Box Number is Not Acceptable) <b>8094 DELLROSE AVE</b> <b>BROOKSVILLE FL</b> City <b>FL</b> Zip Code <b>34613</b>	
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: <i>[Signature]</i>		DATE: <b>04-22-04</b>	

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GUINN, JOE 8094 DELLROSE AVE BROOKSVILLE FL 34613</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <b>04-22-04 (352) 797-0570</b> Daytime Phone #