2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Aug 14, 2007 8:00 am Secretary of State DOCUMENT #S57240 1. Entity Name 08-14-2007 90008 024 ***150.00 BAYONET POINT GLASS & MIRROR, INC. Principal Place of Business 13006 SWEET GUM ROAD 13006 SWEET GUM ROAD BROOKSVILLE FL 34613 **BROOKSVILLE FL 34613** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/07) 4. FEI Number 59-3077535 City & State City & State Applied For Not Applicable Zip Country $Z_{\rm IP}$ Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GYINN, TOE Street Address (P.O. Box Number is Not Acceptable) 13006 SWEET GUM ROAD GUINNGUINN, JOE 8094 DELL ROSE AVE **BROOKSVILLE FL 34613** 346/3 BROOKS VILLE 8. The above named entity submits thy 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 ages SIGNATURE nipame of registered agent and title if applicable (NOTE Registered Agent signature regured when reinstation) FILE NOW!!! FEE IS \$550.00 S.607 193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 5, 2007 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150 00. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TIFLE ۵ Change Change Addition GUINN, JOE GUINN, JOE 13006 SWEET GUM ROAD NAME STREET ADDRESS 8094 DELLROSE AVE STREET ADDRESS BROOKSVILLE FL 34613 CITY-ST-70P CITY-ST-ZIP BROOKS VILLE PL 34613 TITLE ☐ Delete TITLE Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZtP CITY - ST- ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP Delete THE ma Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered SIGNATURE:

12. I hereby certify that the information supplied with this filling 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

TED NAME OF SIGNING OFFICER OR DIRECTOR

FILED