2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# 688966

Entity Name: GLENN'S RARE COINS, INC.

Current Principal Place of Business:

16072 US HWY 19 NO
CLEARWATER, FL 33764 US

New Principal Place of Business:

16072 U.S. HWY 19 NO
CLEARWATER, FL 33764 US

Current Mailing Address:

16072 US HWY 19 NO
CLEARWATER, FL 33764 US

New Mailing Address:

16072 U.S. HWY 19 NO
CLEARWATER, FL 33764 US

FEI Number: 59-2328503 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAVERS, GLENN
16072 U.S. HWY 19 NO
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

SHAVERS, GLENN PRES
16072 U.S. HWY 19 NO
CLEARWATER, FL 33764 US

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.

SIGNATURE: GLENN SHAVERS 04/29/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SHAVERS, GLENN
Address: 16072 U. S. HWY 19 NO.
City-St-Zip: CLEARWATER, FL 33764 US

Title: VS ( ) Delete
Name: SHAVERS, CAROL W.
Address: 16072 U. S. HWY 19 NO.
City-St-Zip: CLEARWATER, FL 33764 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SHAVERS, GLENN PRES
Address: 16072 U. S. HWY 19 NO.
City-St-Zip: CLEARWATER, FL 33764 US

Title: VS (X) Change ( ) Addition
Name: SHAVERS, CAROL W VP/S
Address: 16072 U. S. HWY 19 NO.
City-St-Zip: CLEARWATER, FL 33764 US

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.

SIGNATURE: CAROL W. SHAVERS VP/S 04/29/2009
Electronic Signature of Signing Officer or Director Date