


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # J14490
 1. Entity Name
GLADES RESTAURANT ASSOCIATES, INC.



Principal Place of Business: **7777 GLADES ROAD, SUITE 310 BOCA RATON FL 33434**
 Mailing Address: **7777 GLADES ROAD, SUITE 310 BOCA RATON FL 33434**

2. Principal Place of Business: Suite, Apt. #, etc. / City & State / Zip / Country
 3. Mailing Address: Suite, Apt. #, etc. / City & State / Zip / Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
SCHMIER, ROBERT J.
7777 GLADES ROAD
STE 310
BOCA RATON FL 33434

4. FEI Number: **59-2679608** Applied For Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
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: DP NAME: SCHMIER, ROBERT J. STREET ADDRESS: 7777 GLADES RD #310 CITY-ST-ZIP: BOCA RATON FL	<input type="checkbox"/> Delete
TITLE: VSD NAME: FEURRING, DOUGLAS R. STREET ADDRESS: 7777 GLADES RD #310 CITY-ST-ZIP: BOCA RATON FL	<input type="checkbox"/> Delete
TITLE: TDV NAME: WIENER, ELLIOTT M. STREET ADDRESS: 7777 GLADES RD #410 CITY-ST-ZIP: BOCA RATON FL	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Robert J. Schmier** **4/22/04** **561-483-8400**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #