


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2006 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
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01172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2679608	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  
 SCHMIER, ROBERT J.  
 7777 GLADES ROAD  
 STE 310  
 BOCA RATON, FL 33434

**DO NOT WRITE IN THIS SPACE**

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)  
 Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

U00000519041  
 05/02/06-80037-010 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SCHMIER, ROBERT J. 7777 GLADES RD #310 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD FEURRING, DOUGLAS R. 7777 GLADES RD #310 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TDV WIENER, ELLIOTT M. 7777 GLADES RD #410 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other info empowered.

**SIGNATURE:** \_\_\_\_\_ **4.13.06** **561/483-8400**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Robert J. Schmier, Pres.