


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90034 044 ***150.00

DOCUMENT # P03000055335

1. Entity Name
GLENN D. STEIL, INC.



Principal Place of Business Mailing Address
UNIT 704 COZUMEL CONDO 960 CAPE MARCO DR MARCO ISLAND, FL 34145 **UNIT 704 COZUMEL CONDO 960 CAPE MARCO DR MARCO ISLAND, FL 34145**

44006306



2. Principal Place of Business 3. Mailing Address
2323 Cleveland Ave **2323 Cleveland Ave**

Suite, Apt. #, etc. Suite, Apt. #, etc.

01212004 Chg-P CR2E034 (10/03)

City & State City & State
Fort Myers, FL **Fort Myers, FL**

Zip Country Zip Country
33901 **USA** **33901** **USA**

4. FEI Number Applied For
56-2355458 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
STEIL, GLENN
UNIT 704 COZUMEL CONDO 960 CAPE MARCO DR MARCO ISLAND, FL 34145

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
4875 Pelican Colony Blvd Unit 2001
 City State Zip Code
Bonita Springs FL 34134

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 *Glenn D. Steil* **Glenn D. Steil, President** **1-21-2004**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	STEIL, GLENN D	
STREET ADDRESS	UNIT 704 COZUMEL CONDO 960 CAPE MARCO DR	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4875 Pelican Colony Blvd Unit 2001	
CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph Gammons	
STREET ADDRESS	185 Skipping Stone Lane	
CITY-ST-ZIP	Naples, FL 34119	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Glenn D. Steil* **Glenn D. Steil, President** **1-21-04** **(239) 337-1212**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #