

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000055335

FILED  
Apr 23, 2007  
Secretary of State

Entity Name: GLENN D. STEIL, INC.

## Current Principal Place of Business:

11866 METRO PARKWAY  
FORT MYERS, FL 33912

## New Principal Place of Business:

11866 METRO PARKWAY  
FORT MYERS, FL 33966

## Current Mailing Address:

11866 METRO PARKWAY  
FORT MYERS, FL 33912

## New Mailing Address:

11866 METRO PARKWAY  
FORT MYERS, FL 33966

FEI Number: 56-2355458

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

STEIL, GLENN  
23790 TUSCANY WAY  
BONITA SPRINGS, FL 34134 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: STEIL, GLENN D  
Address: 23790 TUSCANY WAY  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VTD ( ) Delete  
Name: GAMMONS, JOSEPH  
Address: 185 SKIPPING STONE LANE  
City-St-Zip: NAPLES, FL 34119

Title: S ( ) Delete  
Name: CAMPBELL, MARYBETH  
Address: 11866 METRO PARKWAY  
City-St-Zip: FORT MYERS, FL 33912

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH GAMMONS

VTD

04/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date