2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2005 8:00 am
Secretary of State
07-07-2005 90004 033 ***150.00

DOCUMENT # P04000023809

1. Entity Name
GLPM LABORATORY AND FLAMEWORK DESIGN, INC.

Principal Place of Business	Mailing Address
431 ARCHAIC DR. BOX 89 WINTER HAVEN, FL 33880	431 ARCHAIC DR. BOX 89 WINTER HAVEN, FL 33880

06282005 Chg-P CR2E034 (10/03)

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

4. FEI Number 11-3712305 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, GLENDA L
431 ARCHAIC DR.
BOX 89
WINTER HAVEN, FL 33880

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 Glenda L Moore 6-28-2005
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
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORE, GLENDA L 431 ARCHAIC DR., BOX 89 WINTER HAVEN, FL 33880	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: Glenda L Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

6-28-05

ATTACHMENT
660251801
P04-0000238

I am new at this and very unaware of of the annual report + fee. I have not received any thing on this. Please advise me of what needs to be completed yearly + information I can get on my responsibility + am a very small business (income of less than $10,000 a year, probably will not make that this year so any time or extra charges may break my Company Thank you,

Glenda L Moore
GLPM Laboratory + Flame work Design, Inc
431 Archair Dr Box 89
Winter Haven, Fl 33880