## 2005 FOR PROFIT CORPORATION

**FILED** Apr 12, 2005 08:00 AM Secretary of State

ANNUAL REPORT					
DOCUMENT # P95000092  1. Entity Name GLASSMAN DEVELOPMENT CORP					
Principal Place of Business 1000 SOUTH FEDERAL HIGHWAY BOYNTON BEACH, FL 33435 US	Mailing Address 1000 SOUTH FEDERAL HIGHW BOYNTON BEACH, FL 33435	AY. US			
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## DO NOT WRITE IN THIS SPACE

No Chg-P 03302005 CR2E034 (10/03)

4. FEI Number 65-0645340

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

BRECKER, CHARLES D ESQ. C/O KATZ BARRON, ET AL. 100 N.E. 3RD AVE., #280

## DO NOT WRITE

FORT LAUDERDALE, FL 33301		IN THIS SPACE			
	named entity submits this statement for the p tions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	ith, in the State of Florida. I am famillar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title i	applicable (NOTE Registered	Agent signalure	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			<del></del>
NAME STREET ADDRESS CITY-ST-ZIP	PD GLASSMAN, LARRY D 1000 SOUTH FEDERAL HIGHWAY BOYNTON BEACH, FL 33435		. · · · <u>_</u>	· _ · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD GLASSMAN, STEVEN M 1000 SOUTH FEDERAL HIGHWAY BOYNTON BEACH, FL 33435				04/12/05-80013-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. ••••	<del></del> -	DO	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP		- — — ж. қ.		IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					·
NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		`	
12. I hereby of indicated of the corporate changed,	certify that the information supplied with this fil on this report or supplemental report is true a production or life receiver or trustee empowered or on an attachment with an address, wijb.all	ing does not qualify for the exen nd accurate and that my signate to execute this report as require other like empowered.	nption states ure shall haved by Chap	d in Section 119.07(3) ve the same legal effecter 607, Florida Statute	(1), Florida Statutes, I further certify that the information of as if made under oath; that I am an officer or directores; and that my name appears in Block 10 or Block 11 if

Larry D. Glassman

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR