2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000092544

1. Entity Name
GLASSMAN DEVELOPMENT CORP.

Principal Place of Business
1000 SOUTH FEDERAL HIGHWAY
BOYNTON BEACH, FL 33435 US

Mailing Address
1000 SOUTH FEDERAL HIGHWAY
BOYNTON BEACH, FL 33435 US

01242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0645340
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRECKER, CHARLES D ESQ.
C/O STEARNS WEAVER
200 E. LAS OLAS BLVD. #2100
FORT LAUDERDALE, FL 33301

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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 _____
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, 2008 Fee will be $550.00

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

U00000851413
03/25/08-80038-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GLASSMAN, LARRY D
STREET ADDRESS	1000 SOUTH FEDERAL HIGHWAY
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	VSTD
NAME	GLASSMAN, STEVEN M
STREET ADDRESS	1000 SOUTH FEDERAL HIGHWAY
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 like empowered.

SIGNATURE: _____ LARRY D. GLASSMAN 561-742-4910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #