

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000040701

1. Entity Name
GLRS FARMS, INC.



Principal Place of Business
7600 SOUTHWEST 169 STREET
PALMETTO BAY, FL 33157

Mailing Address
7600 SOUTHWEST 169 STREET
PALMETTO BAY, FL 33157

FILED
Jan 09, 2006 08:00 AM
Secretary of State



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0610049

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LUNDGREN, RICHARD
7600 SOUTHWEST 169 STREET
PALMETTO BAY, FL 33157

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LUNDGREN, RICHARD
STREET ADDRESS 7600 SOUTHWEST 169 STREET
CITY-ST-ZIP PALMETTO BAY, FL 33157

TITLE VD
NAME LUNDGREN, ROBERT
STREET ADDRESS 7600 SOUTHWEST 169 STREET
CITY-ST-ZIP PALMETTO BAY, FL 33157

TITLE ST
NAME LUNDGREN, ROBERT M
STREET ADDRESS 7600 SOUTHWEST 169 STREET
CITY-ST-ZIP PALMETTO BAY, FL 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000379688
01/10/06 80031-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RICHARD N. LUNDGREN
Richard N. Lundgren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-06 305-251-00