2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 002086

1. Entity Name
GLEASON BROTHERS AND COMPANY

Principal Place of Business	Mailing Address
1300 PINETREE DR. STE. 13 INDIAN HARBOUR BEACH, FL 32937	GEORGE G. HELLIER P.O. BOX 361546 MELBOURNE, FL 32936-1546

02022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6075200
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KRASNY, MIKE
304 S. HARBOR CITY BLVD.
SUITE 201
MELBOURNE, FL 32901

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	SD
NAME	TRAVIS, MARY N
STREET ADDRESS	2815 S. ATLANTIC AVE. #603
CITY-ST-ZIP	COCOA BEACH, FL
TITLE	PD
NAME	HELLIER, GEORGE G.
STREET ADDRESS	420 CAMELIA TR
CITY-ST-ZIP	ST. AUGUSTING, FL
TITLE	D
NAME	GORDON, ROBERT
STREET ADDRESS	635 41ST AVE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703
TITLE	T
NAME	GLEASON, LARIE L
STREET ADDRESS	407 PIRATES MOON CT
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	D
NAME	O'MALLEY, CATHERINE
STREET ADDRESS	6713 GILLEN
CITY-ST-ZIP	METAIRIE, LA 70003
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/01/06-80011-021 150.00

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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: Mary Ann G. Travis Secretary 2/15/2006
SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR — Date

ph. 321-773-1377
Daytime Phone #