


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90096 016 ***150.00

DOCUMENT # 002086 1. Entity Name GLEASON BROTHERS AND COMPANY						
Principal Place of Business 1300 PINETREE DR. STE. 13 INDIAN HARBOR BEACH FL 32937			Mailing Address GEORGE G. HELLIER P.O. BOX 361546 MELBOURNE FL 32936-1546			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-6075200				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$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				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TRAVIS, MARY N <input type="checkbox"/> Delete 2815 S. ATLANTIC AVE. #603 COCOA BEACH FL			TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input type="checkbox"/> Delete HELLIER, GEORGE G. 420 CAMELIA TR ST. AUGUSTING FL			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete GORDON, ROBERT 635 41ST AVE SAINT PETERSBURG FL 33703			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input checked="" type="checkbox"/> Delete GLEASON, LARIE L 407 PIRATES MOON CT INDIALANTIC FL 32903			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete O'MALLEY, CATHERINE 6713 GILLEN METAIRIE LA 70003			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. D: <input type="checkbox"/> Delete JANE G. MADRY 1817 PINEAPPLE AVE MELBOURNE FL 32935			TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JANE G. MADRY 1817 PINEAPPLE AVE MELBOURNE FL 32935	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Nell G. Travis Mary Nell G. Travis 3/20/07 321-773-1372 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						