2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 30, 2007 8:00 am Secretary of State **DOCUMENT # 150863** 1. Entity Name 01-30-2007 90012 048 ***150.00 GLADES LUMBER & WOOD TREATING CO. Principal Place of Business Mailing Address 3550 METRO PKWY P O BOX 1939 FORT MYERS FL 33919 FORT MYERS FL 33902 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number Applied For City & State City & State 59-0563813 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name A NOL, 2NOMMIS Street Address (P.O. Box Number is Not Acceptable) 9111 SOUTHMONT COVE **UNIT #201** FORT MYERS FL 33908 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, typed or printed hante of registered agent and title i applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Change Addition 11166 Delete SIMMONS, JON A NAME 9111 SOUTHMONT COVE #201 STREET ADDRESS STREET ADDRESS FORT MYERS FL 33908 CHY ST ZIP CHY SI ZIP SD ☐ Delete 11111 ☐ Change Addition 11111 SIMMONS, JOYCE J NAMI NAME 9111 SOUTHMONT COVE #201 STREET ADDRESS STREET ADDRESS FORT MYERS FL 33908 CHY-ST-ZIP CHY SLZIP VPD Delete Change Change Addition 11111 O BANNON DURLEY J. O'BANNON, Durley J. 35890 Hilarick De. NAMI NAM 14020 GARIBBEAN BL SE STREET LADDRESS STREET ADDRESS FORT MYERS FL 33005 CITY ST ZIP CITY ST ZIE PUNTA GOTAA, FIA, 33980 ☐ Change Delete ☐ Addition IIIII 31111 NAMI NAMI STREET ADDRESS STREET LADDOLSS CITY ST ZIP CHIY SI ZIP Delete ☐ Change Addition MILE STREET EADDRESS SHIGHLADORESS CITY ST 7IF CHY ST 7IP Addition Change Delete THILL HILL NAMI NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP 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:

1-24-07 (239) 332-2479

FILED