

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 150863

FILED  
Feb 18, 2009  
Secretary of State

Entity Name: GLADES LUMBER & WOOD TREATING CO.

## Current Principal Place of Business:

3550 METRO PKWY  
FORT MYERS, FL 33919 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 1939  
FORT MYERS, FL 33902 US

## New Mailing Address:

FEI Number: 59-0563813      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIMMONS, JON A.  
9111 SOUTHMONT COVE  
UNIT #201  
FORT MYERS, FL 33908 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SIMMONS, JON A.  
Address: 9111 SOUTHMONT COVE #201  
City-St-Zip: FORT MYERS, FL 33908

Title: SD ( ) Delete  
Name: SIMMONS, JOYCE J.  
Address: 9111 SOUTHMONT COVE #201  
City-St-Zip: FORT MYERS, FL 33908

Title: VPD ( ) Delete  
Name: O BANNON DURLEY J.,  
Address: 35890 HILNICK DR  
City-St-Zip: PUNTA GORDA, FL 33982

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JON A. SIMMONS

PRES

02/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date