


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90569 047 ***150.00

DOCUMENT # 191777 1. Entity Name WM. GLENN, INC.					
Principal Place of Business 81 JACKSONVILLE FLA, 32205 US			Mailing Address 2943 ST JOHN AVE STE 3 IAX, FL 32205		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1796 GRASSINGTON WAY S. Suite, Apt. #, etc.			
City & State JACKSONVILLE FLA Zip 32223 Country US		City & State JACKSONVILLE FLA Zip 32223 Country US		4. FEI Number 59-0965783	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ROBERTS, ANN M 2943 ST. JOHNS AVE. SUITE #3 JACKSONVILLE, FL 32205			7. Name and Address of New Registered Agent Name ANN M. ROBERTS Street Address (P.O. Box Number is Not Acceptable) 1796 GRASSINGTON WAY S. City JACKSONVILLE FL Zip Code 32223		
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 Ann Michelle Roberts DATE 4-27-05 <small>Signature, typed or printed name of registered agent and type if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTS, ANN M 2943 ST JOHNS AVE STE 3 JACKSONVILLE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANN M. ROBERTS 1796 GRASSINGTON WAY S. JACKSONVILLE FL 32223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBERTS, JOHN W 111 2943 ST JOHNS AVE STE 3 JAX, FL 32205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GORDON RICHARD DELONG 1796 GRASSINGTON WAY S. JACKSONVILLE FL 32223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Ann Michelle Roberts <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/27/05 Daytime Phone # (904)553-4040		