

2004 FOR PROFIT CORPORATION ANNUAL REPORT


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Jan 20, 2004 8:00 am
Secretary of State

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01092004 Chg-P CR2E034 (10/03)

DOCUMENT # 212069			
1. Entity Name GLADES EQUIPMENT CO., INC.			
Principal Place of Business 666 SE FIFTH STREET BELLE GLADE, FL 33430 US		Mailing Address PO BOX 257 RUSHVILLE, IL 62681-0257 US	
2. Principal Place of Business 512 YORK STREET		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State GULF BREEZE, FLA.		City & State	
Zip 32561	Country USA	Zip	Country
4. FEI Number 59-0836687		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BAKER, JOHN E ESQ 257 SE AVENUE "E" BELLE GLADE, FL 33430		7. Name and Address of New Registered Agent Name WILLIAM M. DOUGLAS Street Address (P.O. Box Number is Not Acceptable) 512 YORK STREET City GULF BREEZE FL Zip Code 32561	
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 <u>William M. Douglas</u> (WILLIAM M. DOUGLAS) DATE 01/12/2004 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	DPST STRONG, BRINES <input checked="" type="checkbox"/> Delete 666 SE FIFTH STREET BELLE GLADE, FL 33430	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/MD/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CUTHBERT M. STRONG 752 NORTH LIBERTY STREET RUSHVILLE, IL 62681
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRONG, CUTHBERT M <input checked="" type="checkbox"/> Delete 666 SE FIFTH STREET BELLE GLADE, FL 33430	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WILLIAM M. DOUGLAS 512 YORK STREET GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u>Cuthbert M. Strong</u> (CUTHBERT M. STRONG)		DATE 01/12/2004	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	