


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 212069</b>		
1. Entity Name GLADES EQUIPMENT CO., INC.		
Principal Place of Business 512 YORK STREET GULF BREEZE, FL 32561 US		Mailing Address PO BOX 257 RUSHVILLE, IL 62681-0257 US
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  DOUGLAS, WILLIAM M 512 YORK STREET GULF BREEZE, FL 32561		<b>DO NOT WRITE IN THIS SPACE</b>
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)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
		U000000313347 05/08/08-80012-015 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST STRONG, CUTHBERT M 752 NORTH LIBERTY STREET RUSHVILLE, IL 62681	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DOUGLAS, WILLIAM M 512 YORK STREET GULF BREEZE, FL 32561	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Pres.</u> <i>Cuthbert M. Strong Pres</i> 4/26/08 863-624-0554 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		