


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 223203
 1. Entity Name
 GLED HOLDING COMPANY, INC.



Principal Place of Business C/O ELEANOR W. HUBBARD 2620 WATROUS AVENUE TAMPA, FL 33629	Mailing Address C/O ELEANOR W. HUBBARD 2620 WATROUS AVENUE TAMPA, FL 33629
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04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6075201	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HUBBARD, ELEANOR
 2620 WATROUS AVE.
 TAMPA, FL 33629

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terminating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WERBER, STEVEN 4175 VENETIA BLVD JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HUBBARD, ELEANOR 2620 WATROUS AVE. TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JANNER, MARIA 809 S.WESTSHORE TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/23/04 80053-024 150.00

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: *Eleanor W. Hubbard* ELEANOR W. HUBBARD 04/29/04 813/251-9172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #