


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
 C/O ELEANOR W. HUBBARD C/O ELEANOR W. HUBBARD
 2620 WATROUS AVENUE 2620 WATROUS AVENUE
 TAMPA, FL 33629 TAMPA, FL 33629

DO NOT WRITE IN THIS SPACE



04302005 No Chg-P CR2E034 (10/03)

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

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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 consulting) DATE

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	U00000351745 05/02/05-80158-024 150.00
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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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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 04/29/05 813/251-9172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #