


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # 223203
 1. Entity Name
GLEED 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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04232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

8. 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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

U00000542911
 05/10/06-80116-010 150.00

DO NOT WRITE IN THIS SPACE

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: *Eleanor Hubbard* **ELEANOR HUBBARD** 04/25/06 812/2519172
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR, OR TRUSTEE Date Officers Filing Fee