

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # 286263

1. Entity Name
GLOWORTH, INC.



Principal Place of Business
3013 VILLA ROSA PARK
TAMPA, FL 33611 US

Mailing Address
400 GLOUCESTER STREET
ENGLEWOOD, NJ 07631 US



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1088409

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PUFFER, JOHN
3013 VILLA ROSA PARK
TAMPA, FL 33611

**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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	PD NEUWIRTH, ROBERT S 400 GLOUCESTER ST ENGLEWOOD, NJ.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEUWIRTH, LAURA 226 W 58TH ST. NEW YORK, NY.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEUWIRTH, JESSICA 226 W 58TH ST NEW YORK, NY
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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: Robert S. Neuwirth 1/3/08 201 871 9507

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #