2005 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 25, 2005 08:00 AM Secretary of State **DOCUMENT #331045** GLENN ASSOCIATES, INC. OF FLA. Principal Place of Business Mailing Address 1942 SE 37TH COURT CIRCLE 1942 SE 37TH COURT CIRCLE OCALA, FL 34471 OCALA, FL 34471 04212005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1212370 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BLAIR, FLOYD F DO NOT WRITE 1942 SE 37TH CT. CIRCLE OCALA, FL 34471 IN THIS SPACE . 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 narrie of registered agent and title if applicable; (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. TITLE P NAME BLAIR, FLOYD F STREET ADDRESS 1942 SE 37TH COURT CIRCLE CITY-ST-ZIP OCALA, FL 34471 TITLE FIDAMO328858 NAME BLAIR, MICHAEL G. 04/25/05-80092-024 150.00 STREET ADDRESS 345 PLYMOUTH RD CITY-ST-ZIP WEST PALM BEACH, FL 33405 TITLE WARFORD, SUSAN L. NAME STREET ADDRESS 1504 MICHELL AVE. DO NOT WRITE CiTY-ST-ZiP TALLAHASSEE, FL 32303 IN THIS SPACE TITLE BLAIR, SHARON M NAME STREET ADDRESS 1942 SE 37TH COURT CIR. CITY-ST-ZIP OCALA, FL 34471 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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.

NAME STREET ADDRESS CITY-ST-ZIP