

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 331045

FILED
Apr 24, 2007
Secretary of State

Entity Name: GLENN ASSOCIATES, INC. OF FLA.

Current Principal Place of Business:

1942 SE 37TH COURT CIRCLE
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

1942 SE 37TH COURT CIRCLE
OCALA, FL 34471

New Mailing Address:

FEI Number: 59-1212370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLAIR, FLOYD F
1942 SE 37TH CT. CIRCLE
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BLAIR, FLOYD F,
Address: 1942 SE 37TH COURT CIRCLE
City-St-Zip: OCALA, FL 34471

Title: V (X) Delete
Name: BLAIR, MICHAEL G.,
Address: 345 PLYMOUTH RD
City-St-Zip: WEST PALM BEACH, FL 33405

Title: S (X) Delete
Name: WARFORD, SUSAN L.,
Address: 1504 MICHELL AVE.
City-St-Zip: TALLAHASSEE, FL 32303

Title: T () Delete
Name: BLAIR, SHARON M
Address: 1942 SE 37TH COURT CIR.
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLOYD F. BLAIR

P

04/24/2007

Electronic Signature of Signing Officer or Director

_____ Date