


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 352925**  
1. Entity Name  
**GLEN-MAR CORPORATION**



Principal Place of Business      Mailing Address  
**1717 10TH WAY**      **1717 10TH WAY**  
**SARASOTA, FL 34236-2601 US**      **SARASOTA, FL 34236-2601 US**

**DO NOT WRITE IN THIS SPACE**



01182005      No Chg-P      CR2E034 (10/03)

4. FEI Number  
**59-1274913**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**WALTERS, GLENN D**  
**1717 TENTH WAY**  
**SARASOTA, FL 34236**

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IN THIS SPACE**

6. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name 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  
Trust Fund Contribution.            **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WALTERS, MARGARET 1717 10TH WAY SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WALTERS, GLENN D 1717 10TH WAY SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M TIERNEY, DOLORES E. 1717 10TH WAY SARASOTA, FL
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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04/16/05-80044-020 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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.

**SIGNATURE:** *Glenn D. Walters*      Glenn D. Walters      4/14/05      941-953-6767  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #