

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 28, 2005 08:00 AM
Secretary of State**

DOCUMENT # 454725

1. Entity Name
GLIK, INC.



Principal Place of Business

**C/O BRINKERHOFF PROPERTY MGMT
154 S PENINSULA DR
DAYTONA BCH, FL 32118**

Mailing Address

**C/O BRINKERHOFF PROPERTY MGMT
154 S PENINSULA DR
DAYTONA BCH, FL 32118**



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1593305	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MOLTANE, STEPHEN
154 S PENINSULA DR
DAYTONA BCH, FL 32118**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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

1100000201254
01/28/05-80061-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	MOLTANE, STEPHEN
STREET ADDRESS	154 S PENINSULA DR
CITY- ST- ZIP	DAYTONA BCH, FL
TITLE	P
NAME	THOMPSON, MIKE
STREET ADDRESS	154 S. PENINSULAR DR.
CITY- ST- ZIP	DAYTONA BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen Moltane

01/25/05

Date

386-258-3802

Daytime Phone #