2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 497985

Entity Name: GLADES PRECOOLER, INC

BERGMANN, BRETT

13646 CALLINGTON DR

WELLINGTON, FL 33414 US

Name:

Address:

City-St-Zip:

FILED Mar 19, 2009 Secretary of State

Entity Nar	ne: GLADE	SPRE	COOLER, INC.					
Current Principal Place of Business:					New Principal Place of Business:			
2900 STAT BELLE GL	E RD 15 ADE, FL 334	30	US					
Current Mailing Address:					New Mailing Address:			
N/A P.O. BOX (PAHOKEE					P.O. BOX : PAHOKEE		6	
FEI Number:	59-1670304	FE	I Number Applied For()	FEI Nun	nber Not App	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
	RIVE ON, FL 334		US					
The above in the State		subm	its this statement for t	he purpose o	f changing i	ts registere	ed office or registered agent, or both,	
SIGNATUR	RE:							
	Electro	nic Si	gnature of Registered	Agent			Date	
Election Can	npaign Financii	ng Trus	st Fund Contribution ().					
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VD (HATTON, ROO 2727 BACOM PAHOKEE, FL	PT RD			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	PD (BRANCH, HU 13776 SOUTH OKEECHOBE	IWEST	16TH DRIVE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	STD (SHIVER, DAN 807 IVY DRIV WELLINGTON	E			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	VPD () Delet	te		Title:	VPD	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

BERGMANN, BRETT

WELLINGTON, FL 33414 US

2325 WELLINGTON GREEN DRIVE #106

SIGNATURE: DANIEL L SHIVER JR STD 03/19/2009