


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 618604</b> 1. Entity Name GLOBE INDUSTRIES, INC.	
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Principal Place of Business 1197 GRANDVIEW CIR ROYAL PALM BCH., FL 33411 US	Mailing Address 1197 GRANDVIEW CIR ROYAL PALM BCH., FL 33411 US
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**DO NOT WRITE IN THIS SPACE**



02182007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1904043	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

CARLEY, WILLIAM  
1197 GRANDVIEW CR.  
WEST PALM BEACH, FL 33411

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000653924 03/13/07-80041-022 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CARLEY, WILLIAM 1197 GRANDVIEW CIR ROYAL PALM BCH., FL 33411
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **561-644-6539 2/27/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #