

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90028 005 \*\*\*150.00

**DOCUMENT # 656244**

1. Entity Name  
**GLEIM PUBLICATIONS, INC.**



Principal Place of Business  
**4201 NW 95 BLVD.  
PO BOX 12848 UNIVERSITY STATION  
GAINESVILLE, FL 32606 US**

Mailing Address  
**PO BOX 12848 ← fix transposition  
UNIVERSITY STATION  
GAINESVILLE, FL 32604 US**



|                                |         |                     |         |                                                                                          |  |
|--------------------------------|---------|---------------------|---------|------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 02242004 Chg-P CR2E034 (10/03)                                                           |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 4. FEI Number<br><b>59-1976030</b>                                                       |  |
| City & State                   |         | City & State        |         | Applied For<br>Not Applicable                                                            |  |
| Zip                            | Country | Zip                 | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |

|                                                                      |  |                                                    |  |
|----------------------------------------------------------------------|--|----------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent                      |  | 7. Name and Address of New Registered Agent        |  |
| <b>IRVIN N. GLEIM<br/>4201 NW 95 BLVD.<br/>GAINESVILLE, FL 32606</b> |  | Name                                               |  |
|                                                                      |  | Street Address (P.O. Box Number is Not Acceptable) |  |
|                                                                      |  | City                                               |  |
|                                                                      |  | FL Zip Code                                        |  |

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 reinstalling) DATE: \_\_\_\_\_

|                                                                               |                                                                                                              |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                            | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                              |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DPS<br>GLEIM, IRVIN N<br>1408 N W 47TH TERRACE<br>GAINESVILLE, FL <del>00000</del> , 32605 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>GLEIM, DARLENE<br>1408 N W 47TH TERRACE<br>GAINESVILLE, FL <del>00000</del> , 32605 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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: **IRVIN N GLEIM** 02/24/04 352-375-0772 x 110