

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # 678237

1. Entity Name

GLOEDCO, INC.



Principal Place of Business

629 SW 6TH STREET
#10
POMPANO BEACH FL 33060-7715
US

Mailing Address

629 SW 6TH STREET
#10
POMPANO BEACH FL 33060-7715
US

2. Principal Place of Business

451 Heritage Drive
Suite, Apt. #, etc.
Apt. 318

3. Mailing Address

451 Heritage Drive
Suite, Apt. #, etc.
Apt. 318

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

Zip

33060-7715

Country

U.S.A.

Zip

33060-7715

Country

U.S.A.

4. FEI Number

59-2022065

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAHONEY, EDWARD F
629 SW 6TH ST. #10
POMPANO BEACH FL 33060-7715

7. Name and Address of New Registered Agent

Name

Mahoney, Edward F.

Street Address (P.O. Box Number is Not Acceptable)

451 Heritage Drive

Apt. 318

City

Pompano Beach

FL

Zip Code
33060-7715

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10.

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHONEY, GLORIA VACCA		NAME	
STREET ADDRESS	629 SW 6TH ST. #10		STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060-7715		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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CITY-ST-ZIP			CITY-ST-ZIP	
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STREET ADDRESS			STREET ADDRESS	
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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.

Gloria Vacca Mahoney

SIGNATURE: Gloria Vacca Mahoney, President, Gloedco Inc. April 12, 2005 (954) 782-3472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #