

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT-(AR)

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90373 016 \*\*\*150.00

**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

City & State

Pompano Beach, FL

Zip

33060-7715

Country

U.S.A.

3. Mailing Address

451 Heritage Drive

Suite, Apt. #, etc.

Apt. 318

City & State

Pompano Beach, FL

Zip

33060-7715

Country

U.S.A.



1st MOORE

CR2E034 (10/04)

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

TITLE PST ☐ Delete  
NAME MAHONEY, GLORIA VACCA  
STREET ADDRESS 629 SW 6TH ST. #10  
CITY-ST-ZIP POMPANO BEACH FL 33060-7715

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE: Gloria Vacca Mahoney  
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 #