

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 688966

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: GLENN'S RARE COINS, INC.

## Current Principal Place of Business:

16072 US HWY 19 NO  
CLEARWATER, FL 33764 US

## New Principal Place of Business:

## Current Mailing Address:

6228 56TH AVE NO  
ST PETERSBURG, FL 33709 US

## New Mailing Address:

16072 U.S. HWY 19 NO  
CLEARWATER, FL 33764 US

FEI Number: 59-2328503

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHAVERS,, GLENN  
6228 56TH AVE. NORTH  
ST. PETERSBURG, FL 33709 US

## Name and Address of New Registered Agent:

SHAVERS, GLENN  
16072 U.S. HWY 19 NO  
CLEARWATER, FL 33764 US

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.

SIGNATURE: GLENN SHAVERS

04/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SHAVERS, GLENN,  
Address: 6228 56 AVE NO  
City-St-Zip: ST PETERSBURG, FL 33709 US

Title: VS ( ) Delete  
Name: SHAVERS, CAROL W.,  
Address: 6228 56 AVE NO  
City-St-Zip: ST PETERSBURG, FL 33709 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SHAVERS, GLENN,  
Address: 16072 U. S. HWY 19 NO.  
City-St-Zip: CLEARWATER, FL 33764 US

Title: VS (X) Change ( ) Addition  
Name: SHAVERS, CAROL W.,  
Address: 16072 U. S. HWY 19 NO.  
City-St-Zip: CLEARWATER, FL 33764 US

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

SIGNATURE: GLENN SHAVERS

PD

04/24/2007

Electronic Signature of Signing Officer or Director

Date