


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90005 012 ****61.25

DOCUMENT # 735671 1. Entity Name GLADESMASTERS, INC.					
Principal Place of Business 10248 DORCHESTER DRIVE BOCA RATON, FL 33428			Mailing Address 10248 DORCHESTER DRIVE BOCA RATON, FL 33428		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCCARTHA, GENE 10248 DORCHESTER DRIVE BOCA RATON, FL 33428			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COX, TIM 4761 NE 13TH AVENUE OAKLAND PARK, FL 33334	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PID Sean Klindt 7352 NW 38th Place Coral Springs, FL 33065	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCARTHA, GENE 10248 DORCHESTER DRIVE BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VID Harvey Duke 7721 Grandville Drive Tamarac, FL 33321	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT LIPPINCOTT, JOHN 4240 NE 26TH AVENUE LIGHTHOUSE POINT, FL 33064	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SID Jason Alexander 1960 S.W. 81st Way Davie, FL 33324	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARPER, CARL 9621 NW 11TH ST PLANTATION, FL 33322	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TIT Carlos Valentin 11607 NW 35th Court Coral Springs, FL 33065	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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 617, 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: <i>Gene McCarthy</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Gene McCarthy 1/6/04 954-786-4199 <small>Date Daytime Phone #</small>		